



# Social Marketing Recommendations for COVID-19 Vaccine

**Prepared for the Washington State Department of Health**

C+C | December 2020

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# Executive Summary



The Washington State Department of Health (DOH) funded this project to develop strategic community-based social marketing recommendations. These recommendations are designed to motivate people living in Washington state to get the COVID-19 vaccine when it becomes available and when they are eligible to receive it. Ultimately, this will help flatten the Coronavirus curve, allow Washingtonians to protect themselves and avoid spreading the virus to others.

This process was instigated by the COVID-19 Vaccine Education and Communication team at DOH. The DOH team worked hand-in-hand with a team of social marketing experts to conduct this research and complete the planning process.

The process was organized around 10 planning steps used in social marketing. The team used a combination of secondary and primary research and social marketing planning principles to arrive at these recommendations. The 10 steps and key findings around each step are outlined below:

## STEP 1

### What is Success? Identify Purpose, Goals & Objectives

#### SUMMARY OF FINDINGS

**Purpose:** Save lives and reduce serious illness related to COVID-19.

**Goal:** Build receptivity, intention and action to get a COVID-19 vaccine.

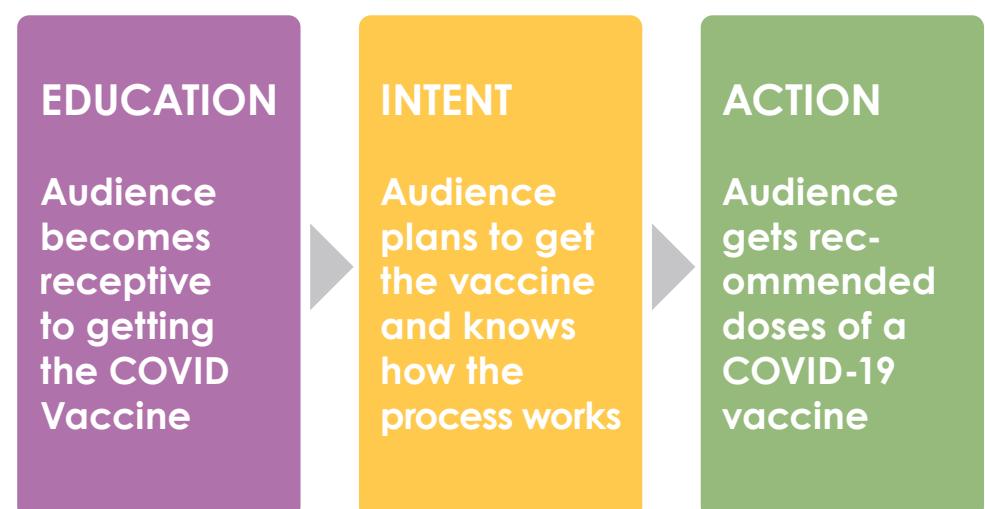
**Objectives:** Most Washingtonians complete the recommended doses of a COVID-19 vaccine.

## STEP 2

### The What. Identify the Desired Behavior Change

#### SUMMARY OF FINDINGS

- Desired behavior will be communicated in stages:



## STEP 3

### The Who. Choose & Prioritize Audiences

#### SUMMARY OF FINDINGS

- General Population: Adults 18+ with special emphasis on key demographics:
  - Hispanic/Latinx Adults
  - African American/Black Adults
  - Pacific Islander/Native Hawaiian Adults
  - LGBTQ+ Adults
  - College Students
  - Asian American Adults
  - Rural Adults
  - Disabled Adults
  - Native American/Tribal Nations
- Audiences by Phase. Phases indicate when certain populations will be eligible to get the vaccine. This list will be modified as the state finalizes these recommendations:
  - **Phase 1:** Healthcare, first responders, people with 2 or more comorbidities, 65+ living in congregate settings, critical workers in congregate settings, people who smoke
  - **Phase 2:** K-12 & childcare staff, critical workers high risk settings, people with 1 comorbidity, residents of homeless shelters & group homes for the disabled, disabled people that are unable to adopt protective measures, incarcerated people and staff, other people age 65+
  - **Phase 3:** Young adults, children, essential workers
  - **Phase 4:** All others (Adults 18+)
- Priority In-Language Audiences:
  - **Stage 1:** 17 languages
  - **Stage 2-3:** 36 languages
- Influencer Audiences:
  - Doctors and healthcare providers
  - Pharmacists
  - Trusted messengers
  - Systems and institutions



## STEP 4

### Stop, Look and Listen. Conducting Research

#### SUMMARY OF FINDINGS

The team used four types of research to inform the planning process.

- **Secondary Research Review:** This review was used to inform the priority audiences for the qualitative research and stakeholder interviews. It was also used to identify the barriers, benefits and motivators that were tested in the Gates Foundation polling and the qualitative research.
- **Primary Qualitative Research:** The team conducted qualitative research with 10 audience segments to gain a deeper understanding of the emotional drivers that are impacting the intent, barriers, desired benefits and potential motivators\* related to the COVID-19 vaccine.
- **Gates Foundation Research:** The Gates Foundation and CIVIS conducted a national quantitative poll that included 1,000 people in Washington state. The poll asked questions addressing intent, barriers, benefits and motivators related to the COVID-19 vaccine.
- **Stakeholder interviews:** One-on-one interviews were conducted in 11 languages (ASL to be added soon) to gather deeper information from these communities about the COVID-19 vaccine.

\*Benefits are what the audience wants in exchange for doing the behavior.  
Motivators are what help remove barriers.



**STEP 5****Why They Do What They Do.  
Map Barriers, Benefits & Motivators****SUMMARY OF FINDINGS**

Stage	Education	Intent	Action
<b>Behavior</b>	Audience becomes receptive to getting the COVID Vaccine	Audience plans to get the COVID-19 vaccine and knows how the process works	Audience gets the recommended doses of a COVID-19 vaccine
<b>Barriers</b>	<ul style="list-style-type: none"> <li>• Lack of trust in process</li> <li>• Warp Speed seen as risky</li> <li>• Concern over side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of trust in process</li> <li>• Safety concerns</li> <li>• Lack of trust in current messengers</li> </ul>	<ul style="list-style-type: none"> <li>• Want to “wait and see” – others go first</li> <li>• Safety concerns</li> <li>• Lack of trust in current messengers</li> <li>• Confusion about phases</li> </ul>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Protection of family, friends and the community</li> <li>• Desire to help end the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Experience with other vaccines (e.g. flu)</li> <li>• Desire to help end the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Protection of family, friends and the community</li> <li>• Desire to help end the pandemic</li> </ul>
<b>Motivators</b>		<ul style="list-style-type: none"> <li>• Independent testing &amp; clinical trial information on safety</li> <li>• Healthcare provider recommendation</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare provider recommendation <ul style="list-style-type: none"> <li>• Independent testing &amp; clinical trial information on safety</li> <li>• See that other people like me have been successful getting the vaccine</li> <li>• Moral obligation – do the right thing</li> </ul> </li> </ul>



## STEP 6

### What's the Hook? Create an Effective Message Strategy

#### SUMMARY OF FINDINGS

The message strategy for the campaign should utilize the following principles.

- **Messenger matters:** Recognize that when it comes to vaccines, the messenger is just as (if not more) important than the message. Messengers trusted by each audience should be utilized. The most trusted messenger is people's personal healthcare provider.
- **Be inclusive and accessible:** Work within Washington's communities to share information about the vaccine. This should include partnering with CBOs, media, institutions, businesses, and other organizations to get the word out. Materials that are produced should be accessible and available in the 36 languages identified in this plan.
- **Tell it like it is:** People want more information before they make their decision about the vaccine. They want information to be transparent, honest and straightforward.
- **Proactively address misinformation:** There is a plethora of misinformation being spread online when it comes to vaccines and, more specifically, the COVID vaccines. Providing accurate information that counters this misinformation can help inoculate against false claims.
- **Be flexible.** The message will need to change as the vaccine becomes available in each phase. To do this, COVID vaccine messaging should be staggered in three stages:
  - *Education:* Provide straightforward information to help fill in knowledge gaps about how vaccines are developed and how they work in the body and the community
  - *Intent:* Develop content that addresses barriers (misinformation and confusion about side effects, speed of development and long-term safety) and normalize deciding to get vaccinated for COVID-19
  - *Action:* Develop content that motivates people to get the vaccine when it's their turn



## STEP 7

### The How. Plan Your Social Marketing Intervention

#### SUMMARY OF FINDINGS

This plan recommends the use of a number of social marketing tools to help move audiences through the three stages of education, intent and action related to the COVID-19 vaccine. Note it is expected that there will be overlap between stages.

	<b>Education</b> (build receptivity)	<b>Intent</b> (know process, increase intent)	<b>Action</b> (get vaccinated)
<b>Social Diffusion</b>	Expert panels Influencer education Partnerships Organic social	Expert panels Influencer education Partnerships Organic social Model conversations	Healthcare providers = messenger Model conversations
<b>Commitments</b>		Healthcare provider Public	
<b>Social Norms/ Feedback</b>		Report progress	Report progress "I got vaccinated" (phase 4) Health insurance chat
<b>Prompts</b>		FindYourPhaseWA.org web tool (sign up for reminders) Direct mail	Opt-out strategy for healthcare providers Embed in intake forms Healthcare message/material toolkit
<b>Convenience</b>		FindYourPhaseWA.org web tool Vaccine finder website Partnership	FindYourPhaseWA.org web tool Vaccine finder website Partnerships
<b>Communication</b>	PR Long form media Infographics Advertising	Infographics Simple info about trials and testing Advertising	Advertising by phase audience



## STEP 8

### Who Else Can Help? Identify & Enlist Partners

#### SUMMARY OF FINDINGS

Partnerships will be critical for the successful implementation of the COVID-19 vaccine communications campaign and distribution strategy. Partners can be organized into the following four categories.

- **Trusted Messengers:** Healthcare provider and researchers; civic, community and faith-based groups
- **Systems & Institutions:** Healthcare organizations; pharmacies; universities; large employers; business associations; statewide non-profits; school districts; unions
- **Advertising:** Media partners; macro and micro influencers; in-language and community-based media
- **Earned Media:** Mainstream outlets; in-language and community-based outlets; peer-reviewed journals; university outlets

## STEP 9

### Step 9: Chart the Right Path. Develop a Marketing Plan.

#### SUMMARY OF FINDINGS

- **Paid Advertising:** 12-month phased media buy across broadcast, digital, social and multicultural/community media.
- **Partner Toolkit:** Develop a comprehensive toolkit of customizable materials for use by a variety of partners.
- **Website and Online Resources:** Campaign messaging for the public will live at CovidVaccineWA.org and VacunaDeCovidWA.org. In addition, DOH will update vaccine related content on its 36 in-language websites. FindYourPhaseWA.org and EncuentraTuFaseWA.org will host the tool that will help people identify their phase for vaccine eligibility. Materials for partners include creative assets, materials and messaging will be posted on the partner toolkit at Coronavirus.wa.gov/partner-toolkit.
- **Organic Social Media:** Content pillars and graphics templates to rapidly deliver key messaging via organic DOH social channels (Facebook, Twitter, Instagram, etc.).
- **Influencers:** Partnerships with micro digital influencers as well as notable organizations and people to grow trust in the vaccine and support with robust tactics toolkit.
- **Multicultural:** The campaign materials and messages will be transcreated and/or translated into 36 languages.
- **Media Relations:** Pulse earned media outreach around key vaccine milestones building on foundational and supporting with value-added educational opportunities for journalists, compelling b-roll and visuals, and credible third-party spokespeople.
- **Expert Panels:** Conduct virtual events to educate and engage experts with the public about the vaccine.



## STEP 10

### Are We There Yet? Create an Evaluation Plan.

#### SUMMARY OF FINDINGS

The campaign should be measured in terms of inputs (budget, staff time, partnership contributions) and outputs (impact and reach of strategies). But ultimately success should be measured by the outcomes (changes in awareness, receptivity and vaccination behavior) and impact (curve flattening; reduction in serious illness and death).



# Social Marketing Overview



The practice of social marketing is built on a significant base of research that shows awareness and education alone rarely change behaviors. Instead, strategies that aim to overcome barriers and provide people with personal, relevant motivators must be used to create meaningful, sustainable behavior change. This approach will increase the efficiency and effectiveness of marketing efforts by identifying the specific behaviors that must change to achieve a program's goals, segmenting audiences based on who has the highest probability of changing the desired behavior (or who is not yet participating), and addressing the barriers to behavior change while also ensuring that an audience is sufficiently motivated to act.

The following recommendations describe how community-based social marketing can be used to overcome barriers and motivate people to get the COVID-19 vaccine. This 10-step process, used in developing social marketing campaigns, was followed by the team to create this recommendations document.

**Step #1: Identify project purpose, goals and objectives.** Develop a road-map for the project, with a focus on defining what success looks like, including measurable objectives.

**Step #2: Identify desired behavior changes.** Determine the specific desired behavior changes that are the most direct path to achieving the program's goals. This is often done by mapping which behaviors have the highest impact on the goal and the highest probability of change.

**Step #3: Define priority audiences.** Define the priority audiences that are likely to be most receptive to changing their behaviors.

**Step #4: Research.** Good campaigns and materials are grounded in research. Research should be used to understand priority audiences' current actions and identify what they think and feel about the subject matter and behaviors.

**Step #5: Identify barriers, benefits and motivators for the desired behavior changes.** Once you know what behaviors you want people to adopt, the next step is to analyze the barriers that are preventing them from doing the desired behaviors, and the possible benefits and motivators that could overcome those barriers. Motivation can be increased in several ways including incentives or by speaking to what people find beneficial (e.g., protecting those we love, being a good citizen). This is a key part of the process and one that often provides a reality check. If the motivators for a particular behavior change are not strong enough to overcome the barriers, it may be necessary to re-think that behavior change. The goal here is to set the program up for success—pick the achievable behaviors and focus efforts there.



**Step #6: Create a messaging strategy.** A succinct and compelling message strategy is critical to help ensure the success of social marketing efforts. We live in a world where the average person is exposed to between 2,000 and 3,000 marketing messages each day. We have about three-to-five seconds to catch someone's attention so that they continue reading or viewing to learn more. In this step it is important to identify key value propositions and messaging to motivate the desired change.

**Step #7: Social marketing intervention.** This step is the culmination of the process where we prioritize and choose what social marketing tools will work best to influence behaviors among the priority audience groups. Sample tools are listed and explained later in this section.

**Step #8: Identify partners.** Partnerships can help create demand for a program by providing access to a larger audience, incentives for program participants and adding credibility to the cause. Good potential partners have a complementary mission and audiences that overlap with the campaign's priority audiences.

**Step #9: Develop a marketing plan.** A fully developed marketing plan is crucial to the success of social marketing efforts. This plan shares how to operationalize the social marketing tools, deliver the program's message to the priority audiences, and define the outreach strategies and tactics that will deliver on the program's goals and objectives. It is often advised to launch a social marketing program with a pilot campaign so that feedback on effectiveness can be gathered prior to broad-scale implementation.

**Step #10: Create an evaluation plan.** The evaluation plan is designed to track the program's progress, celebrate successes and make necessary changes along the way. It includes measurements of campaign inputs, outputs, outcomes and overall campaign impact.



Based on research in psychology and other social sciences, community-based social marketing has identified a set of tools for promoting behavior change. These tools are most effective when they address barriers, benefits and motivators that have been identified through audience research. The tools include:

**Commitments** – Making a commitment to change a behavior makes it more likely that people will follow through.

**Social Norms** – People will change their behaviors if they believe everyone else has done so.

**Social Diffusion** – Peer and referent groups spread behavior change through conversations, interactions and observation of each other.

**Prompts** – Placing reminders to act as close to the location of behavior as possible (for example, floor signage showing six feet of distance in public, or mobile/text prompts).

**Communication** – Seeks to capture attention, overcome barriers with motivators and highlight benefits. Disseminate through channels that reach priority audiences.

**Incentives** – Providing a tool or discount that helps overcome a barrier to trying the behavior.

**Convenience** – Making it easy to do the behavior (for example, providing free masks and sanitizing stations in public locations).

**Recognition/Feedback** – People want to know that their behavior is making a difference. Report back with messages like, “XX% of people or groups have committed to do the behavior” or “Thank you, you helped flatten the curve.”

The process described above is scaled to the scope of each program. No matter the scale or scope of the campaign, the essence of the planning process is to clarify objectives and how we will measure success, identify the priority audiences most likely to act, create messaging that cuts through the clutter, and create a plan to deliver that messaging at the right time, in the right place. These basic steps ensure that outreach and communications efforts have the maximum impact possible for the resources invested.



# Background



DOH has been conducting a suite of comprehensive strategies to address the COVID-19 pandemic. These strategies have included policies, partnerships, local support and a statewide education campaign. The education campaign was launched in March of 2020 and continues today. The goal of the campaign has been to educate people about COVID-19 and encourage behaviors that protect people and the community. Throughout this effort, DOH has employed social marketing principles when possible in the creation of materials, messaging, communication channels and community engagement in addition to employing principles from community engagement and risk communication.

With COVID-19 vaccines now becoming available, DOH launched an effort this fall to conduct research and plan a comprehensive social marketing approach to support vaccine distribution. This report is the culmination of that social marketing planning process which included six weekly planning sessions with core members of the social marketing team (including DOH experts Kristen Haley and Morgan Jade, and industry social marketing experts Doug McKenzie-Mohr, Nancy Lee and Julie Colehour).



# Step 1: Purpose, Goals & Objectives



## PURPOSE

**Save Lives and Reduce Serious Illness Related to COVID-19**

This purpose statement answers the questions,

“What is the potential impact of a successful campaign?”

“Why are we doing this?”

## GOAL

**Build receptivity, intention and action to get a COVID-19 vaccine**

This goal statement expresses, more concretely, the positive impact the campaign is intended to achieve. For this campaign, the goal is to ultimately drive COVID-19 vaccination by building receptivity and intent.

## OBJECTIVES

**Most Washingtonians complete the recommended doses of a COVID-19 vaccine**

- Vaccination objectives to be set by phase
- Percentage of people that get both doses
  - Curve flattens

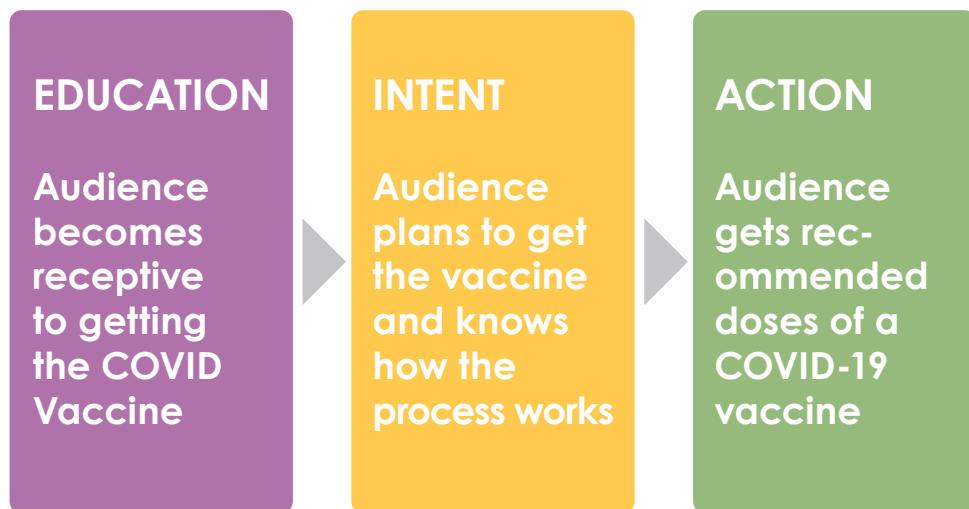
Social marketing campaigns are designed to have an impact by identifying and influencing behaviors that will contribute to achieving campaign goals. For this campaign, specific objectives will be set as the vaccine distribution phase timing and audiences are determined. Due to the level of unknown factors related to the COVID-19 vaccine, we expect that objectives may shift over the course of implementing this plan.



# Step 2: Behavior Change

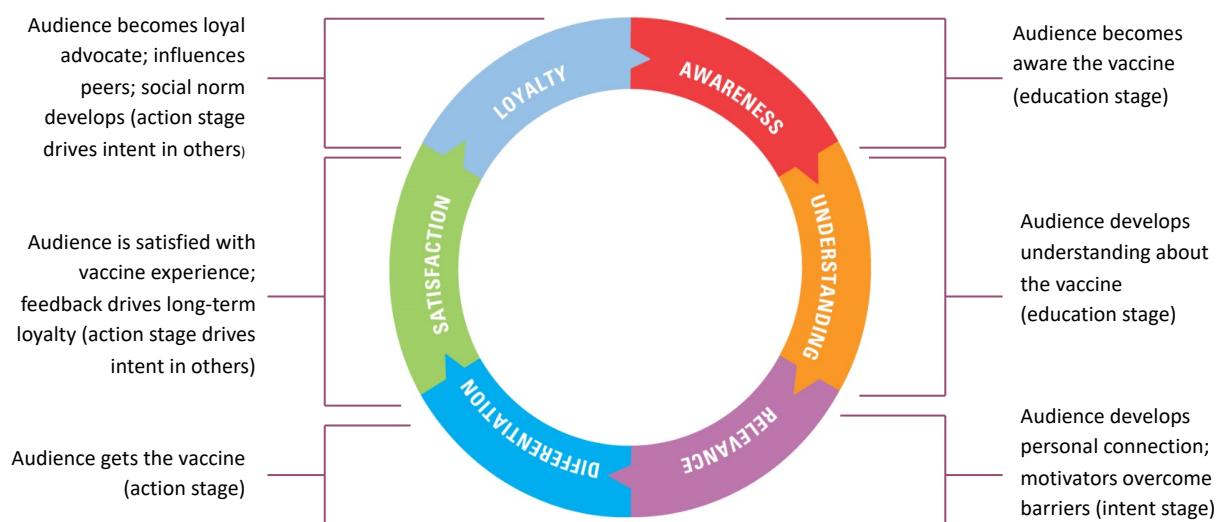


The effort will be broken into three communications stages:



### Behavior Change Continuum

Each of these stages can be mapped on the behavior change continuum. The continuum shows how an audience moves through the process to make a decision about changing their behavior.

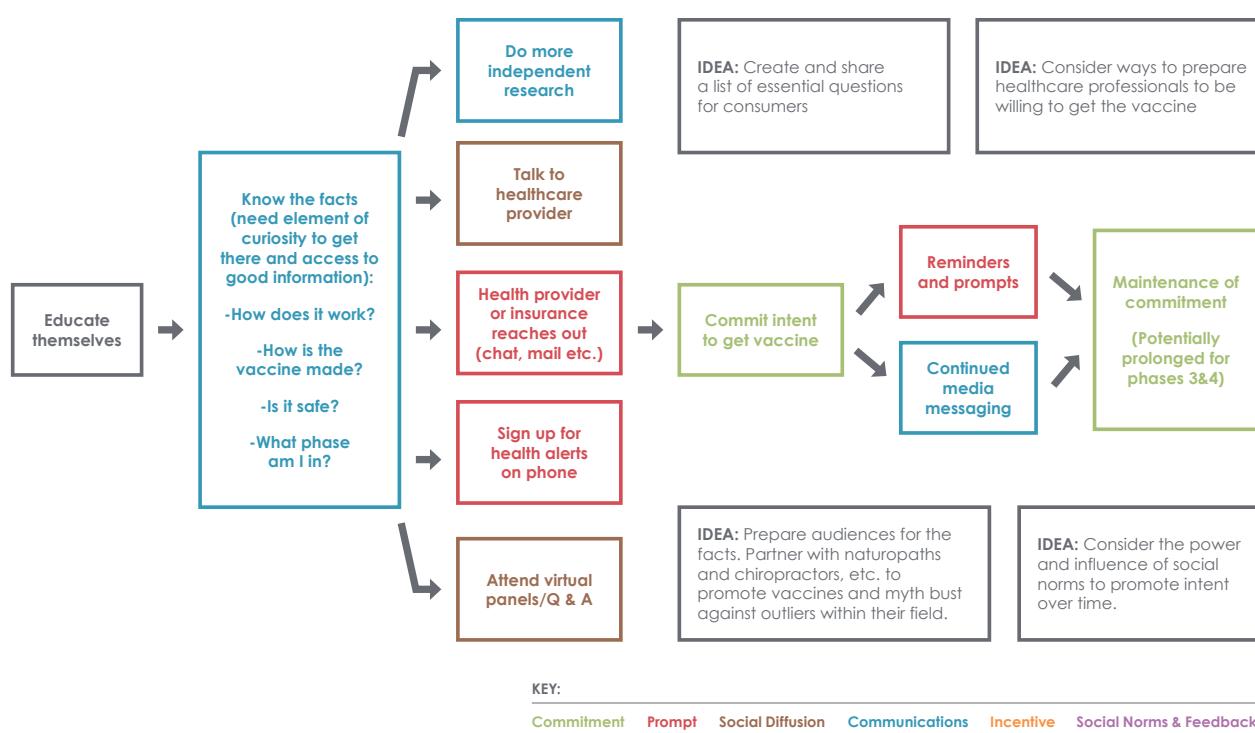


## Behavior Chain Maps

The behavior outlined for each stage are complicated when broken down into the specific non-divisible steps that need to occur in order to get vaccinated. The behavior chain below illustrates each step and indicate the types of social marketing tools that can help move the audiences through the vaccine decision making process.

## Education & Intent: ADULTS

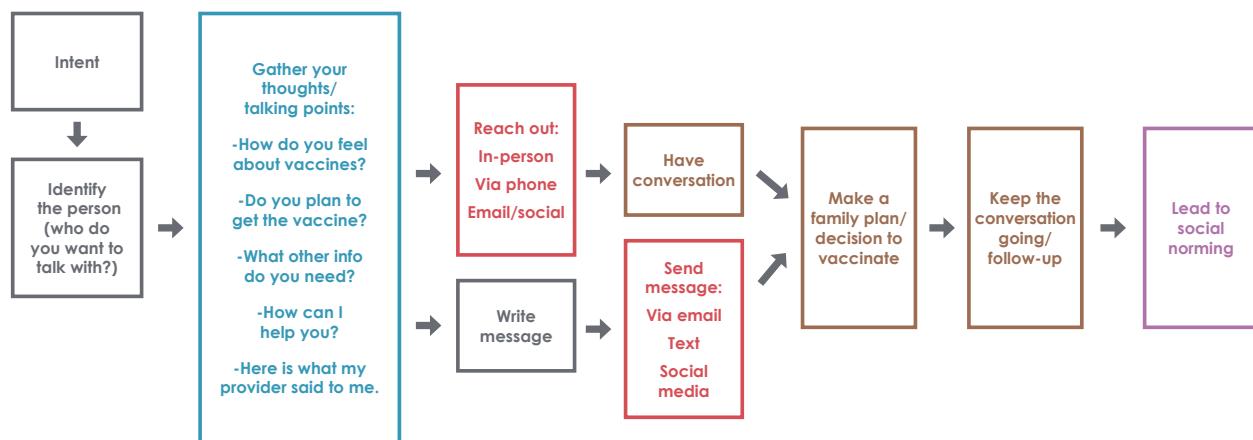
**PURPOSE:** Learn about the vaccine so you can make an informed choice (do research; have knowledge pathways open; understand this is in their power)  
**BEHAVIOR:** Build audience receptivity to get the COVID-19 vaccine



## Intent: ADULTS

**PURPOSE:** Friends and family are trusted sources of information and powerful drivers of behavior

**BEHAVIOR:** Talk to friends and family and be an advocate



**IDEA:** Use a guide (how to be an advocate/how to have conversations about the vaccine) – this could be our strategy or an add-on. Possible channel: direct mail.

**IDEA:** Support the family conversation

**IDEA:** Model the conversations, weave in "myth busting"

KEY:

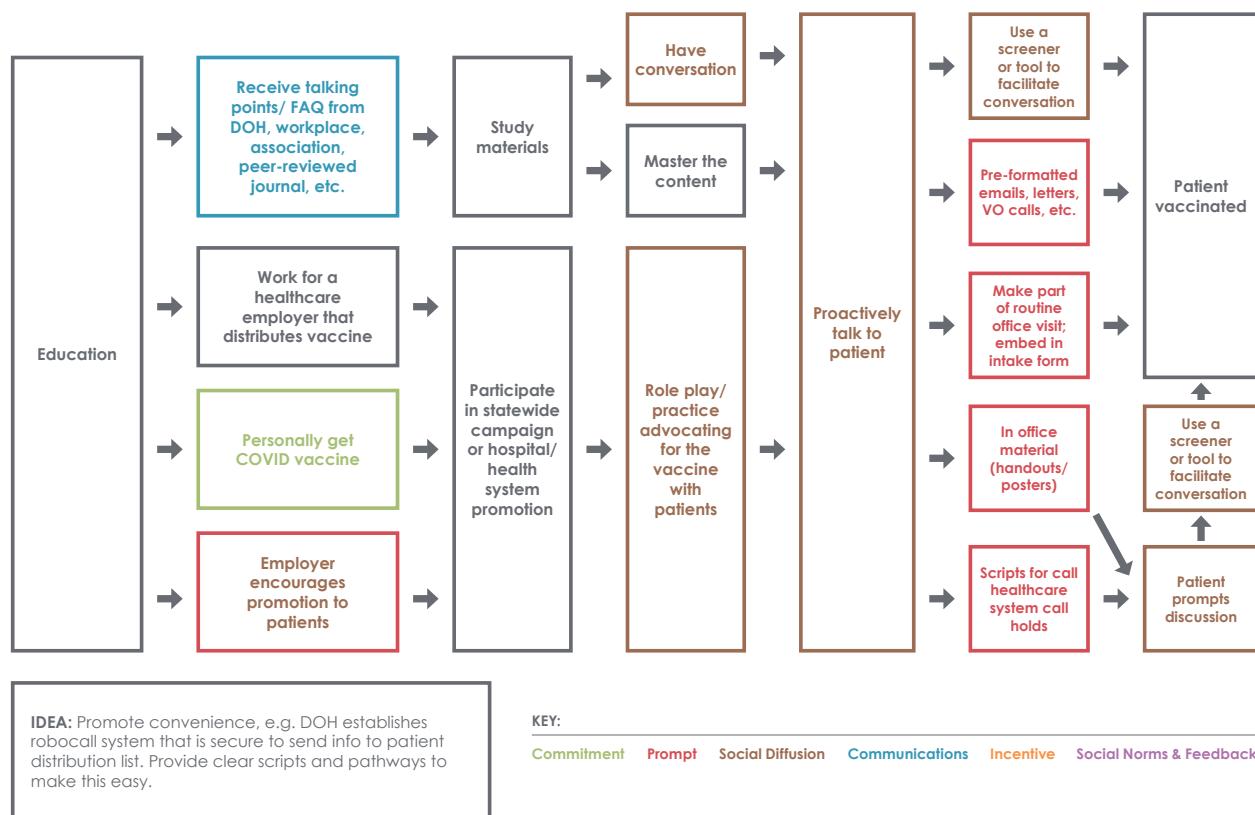
Commitment    Prompt    Social Diffusion    Communications    Incentive    Social Norms & Feedback



## Action: HEALTH CARE PROVIDERS

**PURPOSE:** Friends and family are trusted sources of information and powerful drivers of behavior

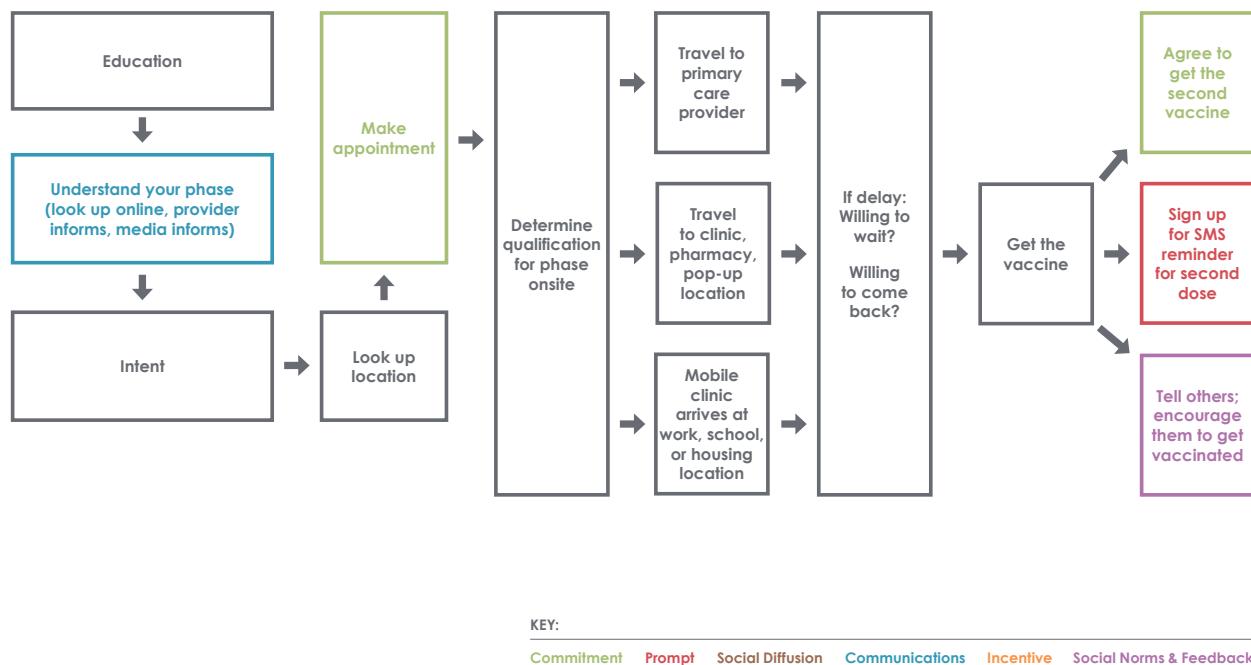
**BEHAVIOR:** Talk to friends and family and be an advocate



## Action: Adults (by Phase)

**PURPOSE:** Drive vaccination

**BEHAVIOR:** Get the recommended doses of a COVID-19 vaccine



# Step 3: Priority Audience



A full list of priority audiences for the COVID-19 vaccine campaign are listed below. We have delineated general audiences, in-language audiences, audiences in each vaccine distribution phase and influencer audiences. It is important to note that the audiences by phase may shift as the vaccine roll-out progresses.

## General Population Audiences:

- Adults 18+
- Hispanic/Latinx Adults
- African American/Black Adults
- Pacific Islander/Native Hawaiian Adults
- LGTBQ+ Adults
- College Students
- Asian American Adults
- Rural Adults
- Disabled Adults
- Native American/Tribal Nations

## In-language Audiences (\* indicates education stage audiences):

• Hispanic/Latinx*	• Punjabi*	• Urdu
• Russian*	• Tagalog*	• Burmese
• Vietnamese*	• Arabic*	• Lao
• Simplified Chinese*	• Cambodian (Khmer)*	• Nepali
• Traditional Chinese*	• Amharic*	• Tamil
• Korean*	• Afaan Oromo	• Farsi
• Ukrainian*	• Tigrinya	• Hmong
• Hindi*	• Japanese*	• Karen
• French	• Telugu*	• Chuukese
• Romanian*	• German	• Mixteco Bajo
• Português - Brazil	• Swahili	• Marshallese
• Somali*	• Thai	• Samoan



## Audiences by Phase:

Phases indicate when certain populations will be eligible to get the vaccine. This list will be modified as the state finalizes these recommendations:

### Phase 1 Audiences:

- Healthcare workers
- First responders
- People with two+ comorbidities
- People age 65+ living in congregate settings
- Critical workers in congregate settings
- People who smoke

### Phase 2 Audiences:

- K-12 & childcare staff
- Critical workers high risk settings
- People with one comorbidity
- Residents of homeless shelters & group homes for the disabled
- Disabled people that are unable to adopt protective measures
- Incarcerated people and staff
- People age 65+

### Phase 3 Audiences:

- Young adults
- Children
- Essential workers

**Phase 4 Audiences:** All others (adults 18+)

## Influencer Audiences:

- Doctors and Healthcare Workers
- Pharmacists
- Trusted Messengers
- Systems & Institutions

These audience groups can be mapped by the three planned stages of the campaign: Education, Intent and Action. Within each stage we have delineated general market audiences, in-language audiences, audiences in each vaccine distribution phase and influencer audiences.



Stage	Education	Intent	Action
<b>Timing (Tentative)</b>	Nov. 2020 - March 2021	Jan. - June 2021	Start Q2 2021 until most people in WA vaccinated
<b>Desired Behavior</b>	Audience becomes receptive to getting the COVID Vaccine	Audience plans to get the vaccine Audience knows how the process	Audience gets the recommended doses of a COVID-19 vaccine
<b>General Market Audiences</b>			
<b>In-language Audiences</b>	*17 Languages	All languages	All languages
<b>Phase 1 Audiences</b>			
<b>Phase 2 Audiences</b>			
<b>Phase 3 Audiences</b>			
<b>Phase 4 Audiences</b>			
<b>Influencer Audiences</b>			



# Step 4: Research



The team used four types of research to inform the planning process.

- Secondary Research Review
- Primary Qualitative Research
- Gates Foundation Research
- Stakeholder Interviews (in 11 languages + ASL)

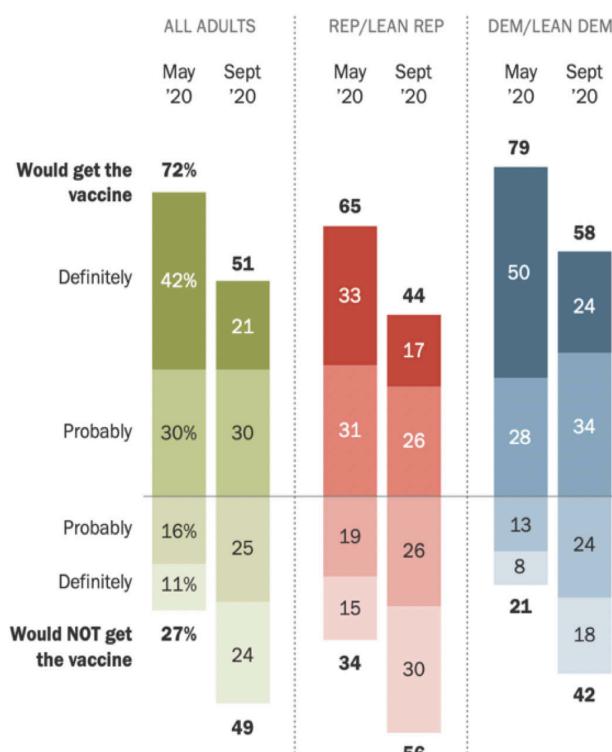
## Secondary Research Review

The team conducted a review of local, national and international sources related to the COVID-19 vaccine with the intention of understanding willingness to get the COVID-19 vaccine, as well as the barriers, benefits, and motivators for getting the COVID-19 vaccine.

### *Intent to get the COVID-19 vaccine*

At the time of the secondary research review, the percent of US adults who were likely to get vaccinated was decreasing, regardless of partisanship and demographics. Per the chart below, it went from 72% in May, 2020 to 51% in Sept, 2020.

*% of U.S. adults who say if a vaccine to prevent COVID-19 were available today, they ...*



Note: Respondents who did not give an answer are not shown.

Source: Survey conducted Sept. 8-13, 2020.

"U.S. Public Now Divided Over Whether To Get COVID-19 Vaccine"



Secondary research suggests that people with the following demographics are more receptive to getting the COVID-19 vaccine:

- People with moderate to liberal values
- College educated
- Those with private insurance
- Those who have had a personal connection to COVID
- Older adults
- People with children
- People with an income above \$50K

Conversely, people with the following demographics are more likely to be hesitant to get the COVID-19 vaccine:

- Women
- People with conservative values
- African American/Black adults
- Those with a high school education or less

#### ***Barriers, benefits & motivators to getting the COVID-19 vaccine***

We used secondary research to identify top barriers, benefits and motivators to getting the COVID-19 vaccine when it is available to the general public. Top barriers among U.S. adults included:

- Cost
- Potential side effects/harm
- Overall effectiveness
- Mistrust of intentions and delivery of the vaccine
- Mixed messages about the pandemic
- Distrust of the medical system for underserved communities

Top desired benefits included:

- Wanting to protect others
- Wanting the pandemic to end

Top motivators included:

- Knowing the vaccine is safe and effective
- My healthcare provider encourages me to get it
- It is approved by the FDA



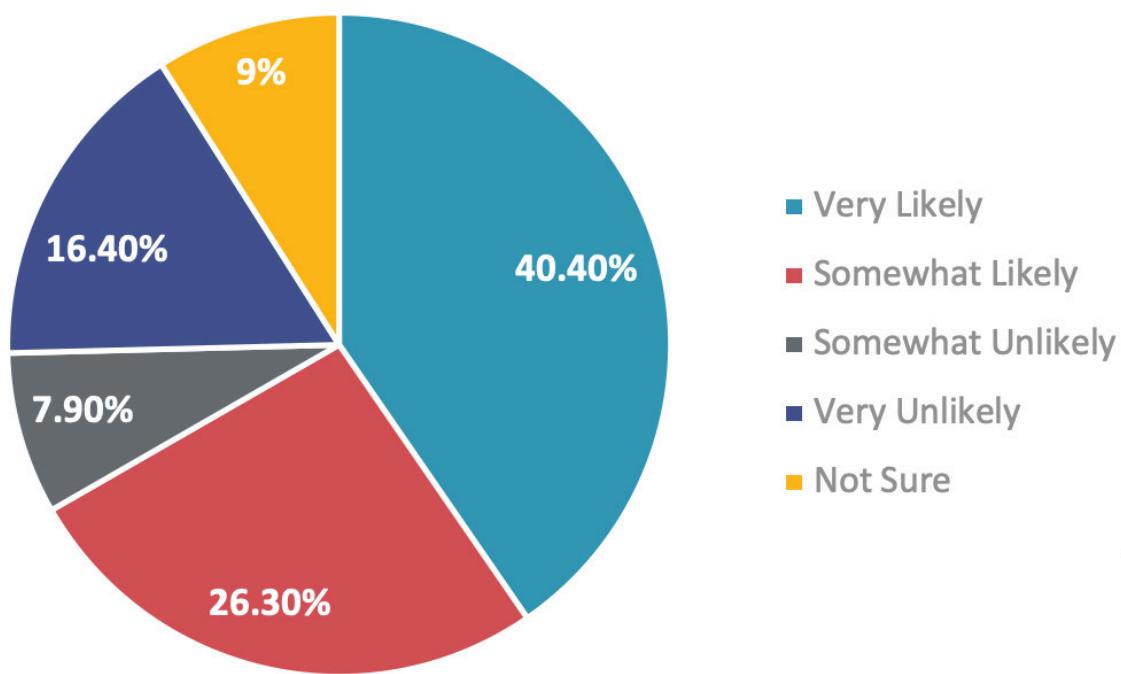
## The Gates Foundation CIVIS Survey Results

The Gates Foundation executes a national, monthly survey regarding attitudes & behaviors relative to COVID-19. The team collaborated with the Gates Foundation to over-sample (n=1000) in Washington State so we could get a better understanding of vaccine intent, barriers, benefits and motivators for Washingtonians.

### ***Intent to get the COVID-19 vaccine***

As seen in the chart below:

- 66.7% of Washingtonians indicated that they were “very likely” or “somewhat likely” to get the COVID-19 vaccine when it is available to the general public
- 24.3% said they were “very unlikely” or “somewhat unlikely” to get the vaccine



### ***Barriers, benefits and motivators for getting the COVID-19 vaccine***

In addition to over-sampling in Washington State, we got agreement to add questions about barriers, benefits and motivators to getting the COVID-19 vaccine. For Washingtonians the top barriers were:

- Safety (48%)
- Effectiveness (46%)
- Side effects (35%)
- Lack of testing on “people like me” (34%)

The top benefits of getting the COVID-19 vaccine were:

- Being comfortable leaving home for errands (39.8%)
- Economic reopening (39.7%)
- Help get people and businesses back on their feet financially (39.7%)
- Resume my normal activities (34.3%)
- Help children and college students get back to school (32.4%)

The top motivators for Washingtonians were:

- Clinical trial success (47.7%)
- Passed independent, scientific review (46.9%)
- FDA approval (41.9%)
- Protecting others from getting COVID-19 (41.9%)

### **Stakeholder Interviews**

To further understand the barriers, benefits, and motivations to get the COVID-19 vaccine of Washington State's culturally diverse populations, C+C conducted 1-on-1 interviews with 74 community members who speak a language other than English at home.

### **Research Design**

C+C recruited moderators from within each community represented in the study to recruit qualified community members who participated in 60-minute individual interviews in one of the following 11 languages:

- Arabic
- Mandarin
- Cantonese
- Korean
- Punjabi
- Russian
- Somali
- Spanish
- Tagalog
- Ukrainian
- Vietnamese

To join the study, participants had to meet the following criteria:

- Be at least 18 years old
- Be a Washington State resident
- Speak one of the target languages
- Complete a screening questionnaire presented by moderators

Moderators conducted interviews using a discussion guide provided by C+C with questions about participants' overall attitudes and beliefs about vaccines in general, and specifically about COVID-19 vaccines.



### ***Intent to get the COVID-19 Vaccine***

Across all groups, there's an overall hesitance about getting vaccinated first – most want to "wait and see":

- Cantonese, Korean, Punjabi, Spanish and Tagalog speaking participants are more likely to get the vaccine driven by the desire to protect themselves, their family and the community. Though some still want to wait and see due to concerns about the vaccine being developed too quickly. These participants expressed a willingness to get the vaccine if their doctor recommends it.
- Arabic, Mandarin, Russian, Somali, Ukrainian and Vietnamese speaking participants are more hesitant about getting the vaccine. While their doctors' recommendation is still influential, they are concerned about side effects and have a perception that the vaccine has not been adequately tested among their demographic group.



Barriers	Spanish	Arabic	Mandarin	Cantonese	Punjabi	Russian	Tagalog	Korean	Ukrainian	Somali	Vietnamese
<b>Fear of side effects</b>	X	X	X	X	X	X	X	X	X	X	X
<b>Unsure of safety and efficiency of vaccine</b>	X	X	X	X	X	X	X	X	X		
<b>Cost, lack of insurance, overall affordability</b>			X	X				X			
<b>Accessibility to/availability of the vaccine</b>			X								X
<b>Not enough testing among my demographic</b>		X				X			X	X	X
<b>Mistrust of government – politicians making decisions about vaccine instead of scientists</b>	X					X	X			X	
<b>Hesitance due to speed in producing the vaccine</b>			X		X		X	X	X	X	

### **Barriers and Benefits**

The barriers to getting a COVID-19 vaccine that were common across cultures included a fear of side effects and being unsure of the safety and efficacy of the vaccine. Barriers that were less strong but that still came to the surface were cost, fear that insurance would not cover the vaccine and its overall affordability. Insufficient information around the vaccine itself was also mentioned as a concern. A summary of barriers by language is shown in the chart above.



Benefits	Spanish	Arabic	Mandarin	Cantonese	Punjabi	Russian	Tagalog	Korean	Ukrainian	Somali	Vietnamese
Protect themselves, loved ones, community	X	X	X	X	X	X	X	X	X	X	X
Returning to “normal” life, being less afraid, travel freely		X	X	X	X	X			X	X	X
Help economy/ businesses reopen				X	X					X	X
Ending the pandemic							X			X	
Getting students back in classrooms		X								X	

The benefits to getting a COVID-19 vaccine that were common across cultures included protecting themselves, loved ones, and the community as well as the promise of returning to “normal.” Additional benefits that were highlighted, though not as resonant across audiences, included helping the economy reopen and having a positive impact on businesses. A summary of benefits by language is shown in the chart above.



Trusted Messengers	Spanish	Arabic	Mandarin	Cantonese	Punjabi	Russian	Tagalog	Korean	Ukrainian	Somali	Vietnamese
Doctors, healthcare professionals	X	X			X	X	X	X	X	X	X
Community organizations, non-profits	X	X	X	X	X		X	X		X	
News outlets (NPR, NYT, CNN, Seattle Times)		X				X	X	X		X	
In-language/ community media outlets	X								X	X	X
City & state government		X	X	X		X	X	X		X	X
Mosques, church leaders, places of worship					X	X			X	X	
Family & friends			X	X	X	X			X	X	X
Social/ digital media (Facebook, YouTube, Twitter)	X		X	X			X		X		X

### ***Trust and Credible Messengers***

Overall, the most trusted figures for participants were doctors, primary care physicians, and other medical providers. There is also substantial trust in community leaders and community-based organizations and an emphasis on sharing messaging through local/ community channels. Though state and federal entities were less frequently noted as the most trusted, the CDC stands out as a highly trusted government organization. The chart above summarizes trusted messengers by language.



## **Primary Qualitative Research**

To gain a deeper understanding of the emotional drivers that are impacting the intent, barriers, benefits and motivators of Washingtonians, C+C conducted an on-line qualitative research study with 120 research participants across Washington State.

### **Research Design**

Participants spent 30–45 minutes per day for four days completing research activities designed to uncover attitudes, beliefs, barriers and potential motivators to getting the COVID-19 vaccine when it is available. The research included ten audience segments:

- African American/Black Adults
- Adults 30-49
- Rural Adults
- College Students
- LGBTQ+ Adults
- Hispanic/Latinx English Preferred Adults
- Hispanic/Latinx Spanish Preferred Adults
- Asian American Adults
- Pacific Islander/Native Hawaiian Adults
- Pro-vaccine Adults

The researcher first talked to participants about their overall attitudes and beliefs about vaccines in general and then moved to discussing specifically COVID-19 vaccines.

### **Key Themes from Qualitative Research**

The various research approaches uncovered a dozen key themes that will be helpful in planning for communications and outreach regarding COVID-19 vaccines.

- 1. Mixed emotions driving a “wait and see” mentality:** People have very mixed feelings about the COVID-19 vaccine, and they are dominated by anxiety, worry and nervousness. They are hopeful that a safe, effective vaccine will be produced. However, they think the vaccine has been rushed and that has eroded their confidence. Most people plan to wait and see how it goes with others before they decide whether to get the vaccine.
- 2. Safety is key:** The biggest barrier is concern over the safety of the vaccine. WARP Speed, comparisons to the flu vaccine, political involvement and mistrust of “big pharma” are contributing factors to this concern. Safety was much more of a concern to people than the efficacy of the vaccine.
- 3. Historical trauma:** There is an added level of mistrust around vaccines for typically underserved populations due to historical experimentation and systemic racism. It is important that this history be acknowledged in vaccine communications to these populations.



- 4. Difficult decision:** The decision on whether or not to get the COVID-19 vaccine is going to be difficult to make. People will be discussing whether or not to get the vaccine with their family, close friends and their doctor. A number of people have said they will discuss with their family members and make a family decision about what to do.
- 5. Doctors are most trusted:** Doctors and other healthcare providers are the most trusted source for information and recommendations about COVID-19 vaccines.
- 6. Unsure who else to trust:** There is concern that politics is driving the process making it harder and harder to know who to trust for reliable scientific information about the vaccine. Beyond doctors, independent, scientific reviews of results are preferred by most audience segments over the FDA and pharmaceutical manufacturers.
- 7. People need proof:** At this point in time, most people are not willing to get the COVID-19 vaccine until it has been out and proven safe in their community. They want to see that people have received the vaccine and have not had adverse effects. Several audience segments are concerned there will not be adequate testing among their demographic group (African American/Black Adults, Hispanic/Latinx Spanish Preferred Adults, Hispanic/Latinx English Preferred Adults, LGBTQ+ Adults, Pacific Islander/Native Hawaiian Adults).
- 8. Eager to end the pandemic:** People are interested in doing what they can to end the pandemic, and the sense of urgency of the situation may motivate some people to take a “calculated risk” for the greater good.
- 9. Protect those we love:** The desire to help protect loved ones, community members, and the vulnerable is also a strong motivator for getting the COVID-19 vaccine. Many people would protect others over protecting themselves. No one wants to be the reason someone else got COVID-19.
- 10. Idea of “WARP Speed” increases concern:** Parallel production and testing is not intuitive and is seen concerning rather than a good thing. The primary concern stems from the belief that speed does not give enough time to see full results.
- 11. Urgency and moral obligation are motivators:** The urgency of the COVID-19 pandemic makes some people more willing to get vaccinated. They are conducting a “risk/benefit analysis” to drive their decision-making process. Some people are also motivated by a sense of moral obligation – it is the “right thing to do” or a “duty as a citizen.”
- 12. Straightforward messaging is well received:** People value accessible, straightforward vaccine messaging. This approach is believable and evokes positive, hopeful emotions and an interest in learning more.



## 2021 Research

DOH is creating an ongoing, on-call research panel for 2021 that will allow the team to quickly access quantitative or qualitative information as needed to inform campaign development. This can be used to monitor intent, track the evolution of barriers, benefits and motivators, test messages or evaluate effectiveness of creative concepts.



# Step 5: Barriers, Benefits & Motivators



To successfully foster behavior change, it is critical that for the priority audience, the benefits of doing the desired behavior outweigh the costs or barriers to doing it. The following chart shows our priority audiences' perceived barriers, benefits, and motivators throughout all three stages: Education, Intent and Action.

Stage	Education	Intent	Action
<b>Behavior</b>	Audience becomes receptive to getting the COVID Vaccine	Audience plans to get the COVID-19 vaccine and knows how the process works	Audience gets the recommended doses of a COVID-19 vaccine
<b>Barriers</b>	<ul style="list-style-type: none"> <li>• Lack of trust in process</li> <li>• Warp Speed seen as risky</li> <li>• Concern over side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of trust in process</li> <li>• Safety concerns</li> <li>• Lack of trust in current messengers</li> </ul>	<ul style="list-style-type: none"> <li>• Want to “wait and see” – others go first</li> <li>• Safety concerns</li> <li>• Lack of trust in current messengers</li> <li>• Confusion about phases</li> </ul>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Protection of family, friends and the community</li> <li>• Desire to help end the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Experience with other vaccines (e.g. flu)</li> <li>• Desire to help end the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Protection of family, friends and the community</li> <li>• Desire to help end the pandemic</li> </ul>
<b>Motivators</b>		<ul style="list-style-type: none"> <li>• Independent testing &amp; clinical trial information on safety</li> <li>• Healthcare provider recommendation</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare provider recommendation <ul style="list-style-type: none"> <li>• Independent testing &amp; clinical trial information on safety</li> <li>• See that other people like me have been successful getting the vaccine</li> <li>• Moral obligation – do the right thing</li> </ul> </li> </ul>



# Step 6: Message Strategy



Audience research showed several common barriers and benefits, but also clarified that many audiences will require focused, customized outreach to successfully overcome their specific hesitations about getting a COVID-19 vaccine. Based on research insights, several “must haves” will need to guide message strategy and development through each phase of outreach - education, intent, and action.

The COVID-19 vaccine message strategy must:

- Use **messengers trusted by each audience**. Personal physicians and health care providers are the most trusted source of vaccine information across most audience groups. For audiences that have mistrust in the medical system, local community leaders are most trusted. When it comes to vaccines, the messenger is just as (if not more) important than the message.
- Help **fill gaps in knowledge and understanding** about how vaccines are developed and how they work in the body and the community. Where possible share simple, factual information relative to populations that are distrustful of vaccines.
- **Address barriers** (and correct misinformation) about side effects, speed of development and long-term safety.
- **Be flexible** to address three stages: education, intent, and action.
- **Be transparent**, honest and straightforward.
- **Be inclusive and accessible** by partnering with CBOs and media, producing materials in 36 languages and transcreating materials to look for cultural resonance rather than translating where possible.
- **Proactively address misconceptions** by simplifying information and providing fact-based messages.

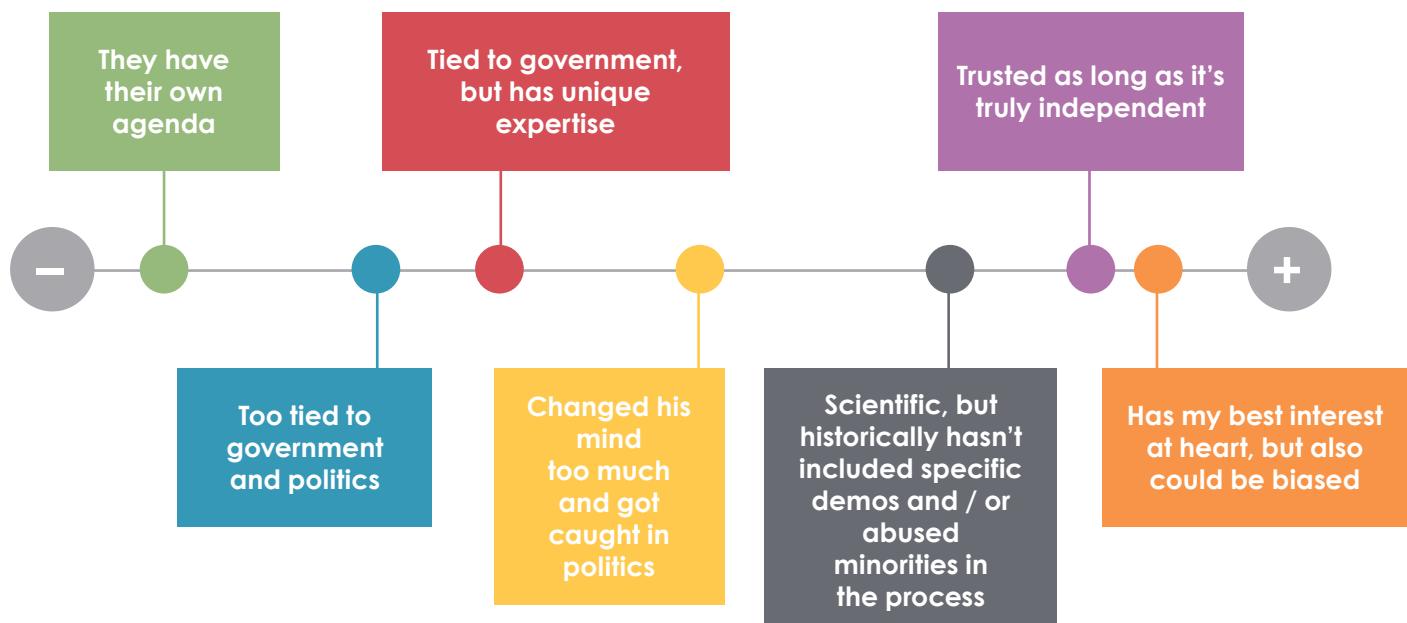
**Many communities have good reasons to be hesitant about the COVID vaccine due to a history of racism, discrimination, and harm by government and the medical system.**



## Our message strategy must respect and recognize this dynamic by:

- Acknowledge the harm and trauma related to the history of vaccine and medical testing and trials on certain populations.
- Understanding that political, government or even mainstream scientific/medical community voices may not be the right ones to deliver safety messages.
- Engaging trusted community voices to communicate safety messages in ways that are authentic to them.
- Developing creative and media strategies that emphasize diverse voices, situations, stories and experiences – first-person when possible.
- Recognizing that personal health care providers are the most trusted source of vaccine info and that the strategy should also leverage other trusted messengers within communities.

## CURRENT COVID-19 AUTHORITIES LACK TRUST



**SOCIAL MEDIA:** Includes information from all the sources above and traditional news sources. Information from friends and family generally trusted. Trust in news sources vary.

- Politicians
- FDA
- CDC
- Dr. Fauci
- Clinical Trials
- Independent Testing
- My Doctor



### **Common Barriers that messaging must address:**

- Mistrust in traditional/prominent voices
- Skepticism on speed of vaccine development (e.g. were corners cut?)
  - Worry about insufficient testing
  - Not enough time for long-term side effects to emerge
- Concern about side effects of getting vaccine
- Worry that vaccine decisions have been politicized

**The research also revealed several common potential motivators and benefits that messaging can use, including:**

#### **Top Motivator:**

- Recommendation from trusted healthcare provider

#### **Top Benefits:**

- Getting back to “normal” – articulate how that looks/what resonates for different audiences?
- Doing my part to end the pandemic
- Protecting family, friends and vulnerable members of my community



## MESSAGING THEMES BY OUTREACH STAGE:

### EDUCATION STAGE

#### **Messaging Objective:**

**Provide straight forward information to fill knowledge gaps about COVID vaccine (and vaccines in general)**

#### **Messaging themes:**

- COVID vaccines have been developed, tested and approved using the same rigorous process used for other successful vaccines.
- A vaccine gives your body a “training run” so it develops defenses to a disease without having to get sick first.
- Early COVID vaccines will require two doses a few weeks apart to be effective – make sure you get the second dose.
- The current approved COVID vaccines use breakthrough technology that doesn't require live or inactive virus to spur an immune response in your body.
- Many people will feel some side-effects from the vaccine as it works to build an immune response – this is normal and expected.
- It will take some time until enough people are vaccinated to stop community spread, so we will still need to do prevention behaviors: masking, distancing, and avoiding groups/gathering.
- Easy to understand information and facts about the results of vaccine testing/trials on the demographic groups with less trust in the process (# of people from each group that participated in clinical trials and safety/efficacy results).



## INTENT STAGE

### **Messaging Objective:**

**Develop content that addresses barriers and normalize deciding to get vaccinated for COVID-19**

### **Messaging themes:**

- Now that your doctor has theirs - when is it your turn for COVID vaccine? (drive to [FindYourPhaseWA.org](http://FindYourPhaseWA.org) tool and simple phase info).
- Ask for an intent commitment as part of the [FindYourPhaseWA](http://FindYourPhaseWA.org) tool. "Do you plan to get the COVID-19 vaccine when you become eligible?" Explore ways to make this commitment public/durable.
- First-person stories of getting the vaccine with call-to-action: Why will YOU vaccinate?
- Washington is on track to knock out COVID – find out when it's your turn to get protected.
- How massive investment and prioritization allowed COVID vaccines to be developed so quickly and safely.
- As COVID vaccination gets underway, we have further confirmation that the vaccine is safe and effective (specific to sub-segments if possible).
- First-person accounts normalizing expected side effects with second dose and how they are managed.
- Info about how/where administered and that they must get 2 doses.



## ACTION STAGE

### Messaging Objective:

**Motivate people to get the recommended doses of a vaccine when it's their turn**

### Messaging themes:

Many “intent stage” messages still relevant, plus:

- Messaging in healthcare toolkit that helps Doctors communicate with patients that it's time to get vaccinated (opt out, not opt in).
- Now's the time! It's your turn for the COVID vaccine, go to [URL] to make your plan.
- Share your story – “I got vaccinated because \_\_\_\_\_. Join me!” (phase 4 strategy, unless specific to currently eligible populations)
- First-person stories of getting the vaccine with call-to-action/commitment: Join me in doing your part to end the pandemic.
- Progress reports: WA is on track to knock out COVID – join XX,000 people who have done their part to end the pandemic.
- The more people in Washington that get the vaccine, the sooner we can get back to [what normal means to different audiences].
- Make your vaccine action plan – where you'll go and when, and how you'll manage normal symptoms afterwards.
- Got your vaccine? Encourage your friends and family to join you to help us get closer to the end of the pandemic (phase 4).



## Reaching all Washingtonians

When messaging is developed, it is important to ensure it reaches all people in ways that are relevant and accessible. Ways to do this include:

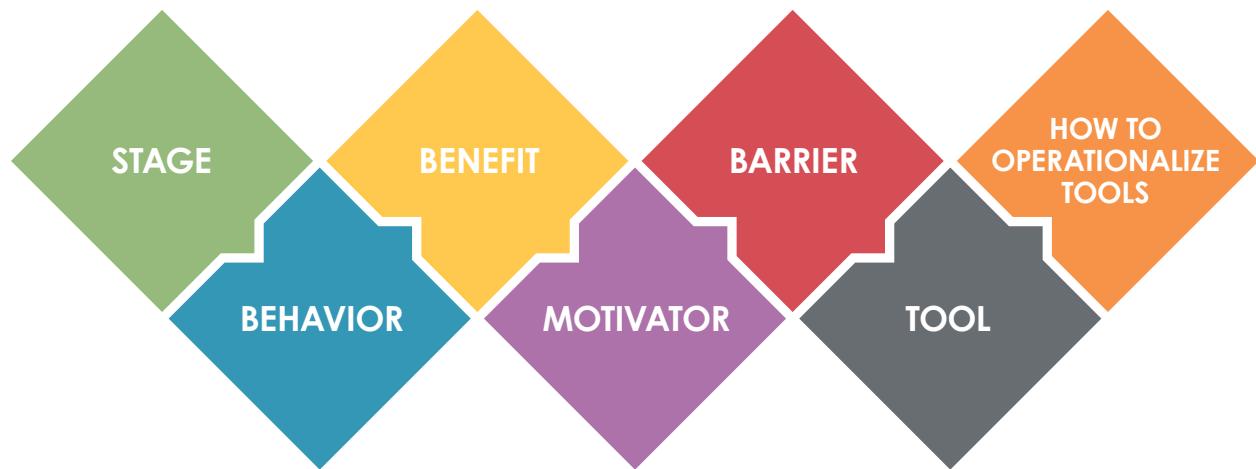
- Transcreating and translating messaging and materials in at least 36 languages
- Dedicated approach and strategies to reach and engage traditionally underserved populations including African American/Black communities, tribal nations and LGBTQ+ people
- Use local voices representing diverse communities to assure messages are delivered by trusted community members
- Support DOH partnerships with templates, quick-turn and custom support as needed
- Continue broad base communications campaign with tactics that reach 18+ that address common barriers and motivators
- Make all materials accessible through the use of tools such as screen readers and captions



# Step 7: Social Marketing Intervention



Based on the results of the research, the team mapped the social marketing tools that could be most impactful in influencing Washington adults to get the COVID-19 vaccine. As explained in the social marketing overview section, the mapping flows as shown below:



We start with each stage (education, intent or action) and the desired behaviors for each. We then map the behaviors to the benefits, motivators and barriers for each. Next, we define the social marketing tools we can offer to leverage the motivators and overcome the barriers. You can refer back to a list of tools in the social marketing overview section of this report for more explanation of each. With the tools identified, we then define how those tools could be operationalized as part of DOH's outreach efforts. The chart below is organized with this process in mind.

## STAGE 1 - EDUCATION

Behavior: Audience becomes receptive to getting the COVID-19 vaccine

Key Benefits	Key Motivators	Barrier	Social Marketing Tools	"How" to operationalize tools
<ul style="list-style-type: none"> <li>• Protection of family, friends and the community</li> <li>• Desire to help end the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• NA – education phase</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of trust in process</li> <li>• WARP speed seen as risky</li> <li>• Concern over side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Communication</li> <li>• Social Diffusion</li> </ul>	<p><b>Social Diffusion:</b></p> <ul style="list-style-type: none"> <li>• Expert panels</li> <li>• Educate influencers</li> <li>• Partner with naturopaths and chiropractors, etc. to promote vaccines and myth bust against outliers within their field</li> <li>• Organic social media</li> </ul> <p><b>Communication:</b></p> <ul style="list-style-type: none"> <li>• PR - educate media and their audiences <ul style="list-style-type: none"> <li>• Long form media (time to explain/educate) <ul style="list-style-type: none"> <li>• Infographics (Venn diagram on 2 vaccines)</li> <li>• General advertising</li> </ul> </li> </ul> </li> </ul>



## STAGE 2 - INTENT

Behavior: Audience plans to get the vaccine

Key Benefits	Key Motivators	Barrier	Social Marketing Tools	"How" to operationalize tools
<ul style="list-style-type: none"> <li>• Desire to help end the pandemic</li> <li>• Experience with other vaccines (e.g. flu)</li> </ul>	<ul style="list-style-type: none"> <li>• Independent testing &amp; clinical trial information on safety</li> <li>• Health care provider recommendation</li> </ul>	<ul style="list-style-type: none"> <li>• Safety concerns</li> <li>• Lack of trust in process</li> <li>• Lack of trust in current messengers</li> </ul>	<ul style="list-style-type: none"> <li>• Commitments</li> <li>• Social Diffusion</li> <li>• Social Norms</li> <li>• Feedback</li> <li>• Communication</li> </ul>	<p><b>Commitments:</b></p> <ul style="list-style-type: none"> <li>• Doctors (my trusted healthcare provider) commit to/get the vaccine</li> <li>• Intent commitment</li> </ul> <p><b>Social Diffusion:</b></p> <ul style="list-style-type: none"> <li>• Partnerships with sub-segment audience media and CBOs</li> <li>• Educate influencers <ul style="list-style-type: none"> <li>• Expert panels</li> </ul> </li> <li>• Model conversations for doctors</li> <li>• Organic social media</li> </ul> <p><b>Social Norms &amp; Feedback:</b></p> <ul style="list-style-type: none"> <li>• Report on how it is going/# of vaccines distributed</li> </ul> <p><b>Communication:</b></p> <ul style="list-style-type: none"> <li>• General advertising</li> </ul>



## STAGE 2 - INTENT

Behavior: Audience knows how the process works

Key Benefits	Key Motivators	Barrier	Social Marketing Tools	"How" to operationalize tools
<ul style="list-style-type: none"> <li>• Desire to help end the pandemic</li> <li>• Experience with other vaccines (e.g. flu)</li> </ul>	<ul style="list-style-type: none"> <li>• Independent testing &amp; clinical trial information on safety</li> </ul>	<ul style="list-style-type: none"> <li>• Safety concerns</li> <li>• Lack of trust in process</li> <li>• Lack of trust in current messengers</li> </ul>	<ul style="list-style-type: none"> <li>• Prompts</li> <li>• Convenience</li> <li>• Communication</li> <li>• Social diffusion</li> </ul>	<p><b>Prompts:</b></p> <ul style="list-style-type: none"> <li>• Web-tool – know your phase; sign up for reminders</li> <li>• Direct mail about finding your phase and getting the vaccine</li> </ul> <p><b>Convenience:</b></p> <ul style="list-style-type: none"> <li>• Phase Finder web tool -- Include info on how and when to get the vaccine</li> <li>• Paper version of Phase Finder tool</li> <li>• Vaccine finder website (when available) <ul style="list-style-type: none"> <li>• Partnerships</li> </ul> </li> </ul> <p><b>Social Diffusion:</b></p> <ul style="list-style-type: none"> <li>• Expert panels</li> <li>• Organic social media</li> <li>• Use a guide - how to be an advocate/how to have conversations with family about the vaccine</li> </ul> <p><b>Communication:</b></p> <ul style="list-style-type: none"> <li>• Infographic/web/ materials on phases</li> <li>• Simple information about clinical trials and testing <ul style="list-style-type: none"> <li>• General advertising</li> </ul> </li> </ul>



## STAGE 3 - ACTION

Behavior: Audience gets the recommended doses of a COVID-19 vaccine

Key Benefits	Key Motivators	Barrier	Social Marketing Tools	"How" to operationalize tools
<ul style="list-style-type: none"> <li>• Protection of family, friends and the community</li> <li>• Desire to help end the pandemic</li> </ul>	<ul style="list-style-type: none"> <li>• Health care provider recommendation</li> <li>• Independent testing &amp; clinical trial information on safety</li> <li>• See that other people like me have been successful getting the vaccine</li> <li>• Moral obligation – do the right thing</li> </ul>	<ul style="list-style-type: none"> <li>• Want to "wait and see" – others go first</li> <li>• Safety concerns</li> <li>• Confusion about phases</li> <li>• Lack of trust in current messengers</li> </ul>	<ul style="list-style-type: none"> <li>• Social diffusion</li> <li>• Feedback</li> <li>• Social norms</li> <li>• Convenience</li> <li>• Prompts</li> <li>• Communication</li> </ul>	<p><b>Social Diffusion:</b></p> <ul style="list-style-type: none"> <li>• Make trusted healthcare providers messenger and central to strategy <ul style="list-style-type: none"> <li>• Model conversations – with family and friend</li> </ul> </li> </ul> <p><b>Social Norms &amp; Feedback:</b></p> <ul style="list-style-type: none"> <li>• Report progress by phase and overall</li> <li>• "I got vaccinated" strategy for phase 4</li> <li>• Health insurance chat feature</li> </ul> <p><b>Convenience:</b></p> <ul style="list-style-type: none"> <li>• Phase Finder web tool</li> <li>• Paper version of Phase Finder tool <ul style="list-style-type: none"> <li>• Vaccine finder website</li> <li>• Partnerships</li> </ul> </li> </ul> <p><b>Prompts (Healthcare Toolkit):</b></p> <ul style="list-style-type: none"> <li>• Model conversations for doctors (provide definitive "it's time to get" language)</li> <li>• Embed info in health provider intake forms and include in hold message <ul style="list-style-type: none"> <li>• Send a communication (email, text, patient portal, voicemail, letter, robocall...we provide content and scripts)</li> <li>• In-office signage</li> </ul> </li> </ul> <p><b>Communication:</b></p> <ul style="list-style-type: none"> <li>• Media buy segmented by audience/phase</li> </ul>



# Step 8: Partnerships



There are several partnerships that will be developed or leveraged to build support and acceptance of the COVID-19 vaccine. These fall into four general categories: Trusted Messengers, Systems and Institutions, Advertising, and Earned Media. We expect that the detail within each category will evolve over the next 18 months as we move through the stages of intent and action for the campaign. We also acknowledge that there are partners that fall into more than one of the four categories, these categories serve to help ensure that all possible partners are accounted for in this planning process.

### **Trusted Messengers**

These are the key spokespeople who individuals trust to give medical advice. However, these trusted messengers can be different across communities, ranging from health care providers to faith-based leaders. These individuals and organizations could be included in panels, media, and community outreach. Toolkit items such as digital and print educational materials or suggested scripts would be provided to support these individuals when communicating with the communities they serve.

### **Health Care**

- Health care providers, including doctors, nurses, pharmacists, and allied professions (chiropractors, massage, acupuncture, naturopaths, etc.)
- Community clinics, such as Yakima Valley Farm Workers Clinic, HealthPoint, Sea Mar Community Health Centers, and Latino Center for Health, and Country Doctor

### **Civic, Community & Faith-based**

- Family members
- Civic leaders (such as business leaders, former elected officials)
- Religious leaders
- Community organizations such as El Centro de la Raza, Latino Community Fund, or Center for Multicultural Health
- Higher education (via student unions, health and wellness centers, Greek life, etc.) – public and private universities, colleges, and trade schools



## **Systems and Institutions**

This category represents organizations and institutions that will work more broadly to support trusted messengers and leverage their own networks to amplify state messages. Outreach efforts would include regular briefings, information updates, and general materials.

- Associations (medical, hospital, insurance, long term care, etc.)
- Local health jurisdictions
- Vaccine and medical researchers
- Pharmacies (Bartell's, CVS, Walgreens) via Washington State Pharmacy Commission and other existing partnerships
- Managed care organizations
- Insurance companies via Association of Washington Health Plans
- Higher education (via administration leadership and/or communication departments) – public and private universities, colleges, and trade schools
- Large employers
- Business organizations (Chambers, Economic Development Associations, Business Improvement Areas, Challenge Seattle)
- Non-profits serving the entire state or large regions
- K – 12 public and private school systems
- Union organizations (SEIU, UFCW, Teamsters, etc.)

## **Advertising**

Paid advertising can help drive persuasive information to specific audiences, such as millennials, interest-driven, or specific communities.

- General market media partners (value add)
- Paid micro influencer content
- Spanish language and other in-language publications
- Paid community-based organization influencer partnerships
- Community based paid media (in-language, LGBTQ+, African American/Black)

## **Earned Media**

During previous campaigns, media partnerships with print/TV/radio were developed and will be leveraged for this effort. This work will be expanded to identify and emphasize community media and will include proactive media outreach, spokesperson training, and supporting materials.

- Mainstream outlets with partnership potential
- Peer review journals (explore partnership opportunities)
- Univision
- Community media outlets
- College/university media
- In-language publications



# Step 9: Marketing Plan



A well-planned communications and marketing strategy will be vital to ensure the success of the COVID-19 vaccination program in Washington state. The following outreach plan is designed to build trust, to help build and spread powerful social norms, to share the facts, and ultimately, to drive behavior change. The communications plan will also have to be flexible and nimble to effectively address emergent issues and changes in public perception.

## CREATIVE AND PROMOTION STRATEGY

To ensure communications reach the right audiences at the right times with the right messages, we recommend some guiding themes for advertising and creative development:

- Establish a cohesive creative platform to drive all asset development across paid, earned, owned and shared channels
- Plan for advertising assets and media strategy to support each stage of outreach to all audiences (often simultaneously):
  - Education: general awareness broadcast, social and digital channels, website
  - Intent: Digital display, social and video driving to “Find Your Phase” tool
  - Action: Geo-targeted digital tactics to drive action
- Create robust toolkits of materials, messaging and tools/templates for community and media partners, influencers and partners

A full list of marketing strategies for each priority audience is detailed in Appendix 1.

## OUTREACH TOOLKIT

Through a toolkit of materials, we'll provide trusted messengers and partners with the resources they need to share valuable information and hold important conversations about the vaccine. These are the people most trusted to give medical and vaccine advice to our priority audiences. In many cases they are health care providers, but can also be from faith-based or community groups, depending on audience segment.



Toolkit contents will be customized based on partner needs, but could include:

- Style guide that allows partners to create their own materials using the same campaign brand identity, key messages, and basic formatting tips
- Flyer/handout about the vaccine (potentially two versions):
  - Health care settings
  - CBO settings
- Graphic/diagram showing phase information for web posting or handout
- Guide for modeling conversations with people about the vaccine (potentially two versions):
  - Health care settings
  - CBO settings
- FindYourPhaseWA.org tool to help people know their phase
  - Web button to link to tool
  - One pager explaining tool and phases
  - Paper version of tool for partner use
  - QR code to this
- Robocall system, scripts and pathways to send vaccine info to patient/customer distribution lists
- Health provider intake tools:
  - Vaccine info in intake forms
  - Scripts for 'hold' messages
- Patient communication content:
  - Email
  - Text
  - Patient portal
  - Voicemail
  - Letter
  - Reminder postcard



- Signage:
  - Provider offices
  - Pharmacies
  - Testing locations
- Content for health insurer chat tools
- Graphical-only handouts (no words) to visually guide conversations:
  - CBO reps
  - Health providers
- Customer/employee/member outgoing communication content (non-provider):
  - Email
  - Text
  - Employee/member portal
  - Outgoing voicemail
  - Letter
  - Robocall scripts
  - Signage
- Hotline number to call for info



## ADVERTISING STRATEGY

Paid advertising can support all elements of the effort to build receptivity and establish a social norm around our three stages of outreach (education, intent, action). Advertising messaging and tactics can be:

- Awareness-based: To educate a broad audience about the importance of vaccines, their development and how the rollout is going in Washington
- Segmented: Move audiences further along the behavior change continuum by integrating messages and tactics customized by geography and audience segment to spur action and engagement (using audience research findings about barriers, benefits, and motivations to help people make their vaccine decision and take action)

### Recommended tactics include:

**Paid Social:** This tactic is versatile – it works for broad awareness (ideal for the education and intent strategies) and targeted efforts to spur engagement, response and action. Different platforms and ad units within each platform help achieve different goals.

- Facebook: Reaches the broadest and deepest audiences – can be prioritized by geography, demographics, interest level/activity, language, and can even prioritize “lookalike” audiences by using existing affiliations.
  - In-feed ads – features a variety of call-to-action (CTA) buttons to help spur direct action. Can use video, animation or static visuals.
  - Carousel ads – a slide-show format good for education and building receptivity to getting a vaccine, and build up messaging and touch on more than one idea.
  - Can be placed in 27 languages.
- Instagram: Visually-focused and good for animation, video and graphics designed to educate and raise awareness, with some direct response/action capability.
  - In-feed ads – support video, animation or static visuals. Great for receptivity and social norm-building efforts. Sponsored posts can include specific CTA buttons to help people learn more and take action.
  - IG stories – sponsored stories, similar to Facebook carousel ads, allow you to tell a story to educate and build receptivity to desired behaviors. Some have a “swipe up” option to learn more/take action, which can help drive traffic to eligibility tool and vaccine administration locations.
  - Can be placed in 27 languages.



**Digital:** Digital advertising offers almost endless flexibility on messaging, formats, and options to meet objectives. Primary tactics to support building receptivity to vaccines and driving action:

- **Display:** Typically run through Google or an ad network, digital display ads are ideal for building awareness and educating about a topic.
  - Focus by demographic, geography, interests and even consumer behavior.
  - To drive participation in a pledge or commitment, creative would focus on a strong CTA to drive clicks to a place where people could find information or act right away.
  - Formats include static, video display or “pre-roll” (which plays your video ad before a video with related content) or animation.
  - Digital banner ads can be placed in 20 languages.
- **Search:** Search marketing reaches people at an ideal time – when they are actively looking for information about a subject. Search ads and terms help people do a desired behavior. For example, directing them to content that can dispel misinformation, help them find their vaccine eligibility information or where to get their vaccine administered. For the COVID-19 vaccine we will continue to leverage the Google search ad grant funds.
- **Digital radio:** Because of the ability to “click” on a digital radio ad, they offer more options to drive behavior change action than traditional broadcast (“click/tap here to find out when it’s your turn for the COVID vaccine”) and to combine visuals with the audio message. The ability to geo-target makes it a good fit for messaging to celebrate local achievements and use localized messengers or spokespeople.
- **Mobile:** Mobile Ads can be targeted through digital channels listed above but can also be used to reach people geographically based on where they are or their travel patterns. This allows us the flexibility to serve ads when people are near vaccine locations or based on where they work.



**Broadcast TV and Radio:** Consider using broadcast TV and radio to support social norming messages by educating about vaccines, celebrating milestones, and thanking those who are doing their part to stop COVID-19.

**Community Media:** Print, online, radio and social ads in local and community media can serve to educate and inform. Depending on the goal, this channel can:

- Build receptivity to our social norm through messaging that addresses education, intent and action stages of outreach
- Promote social norms by thanking members of the community for doing their part to stop COVID-19
- Reach specific, focused audience groups (by language, cultural identity, or demographics) with specific messages
- Ensure equity in the media by spending money with locally owned media organizations

**Direct Mail:** Consider strategic direct mail tactic to reach specific communities with customized messages (e.g. to boost participation, to address misinformation, etc.)

## WEBSITE

The majority of advertising, social and digital content will drive people to CovidVaccineWA.org, VacunaDeCovidWA.org, and translated in-language pages on the DOH website. The team will update the site to:

- Align with overall creative look and feel for consistent user experience
- Reflect social content pillars where possible – mix of latest news, facts about vaccine production and distribution, FAQ/Q&A, etc.
- Feature high-impact visuals – header graphic, embedded video, visuals of diverse communities and scientific leaders
- Links out to vaccine eligibility tool and resources to find your nearest vaccine location when it's your turn
- Transcreate vaccine information on websites in 36 other languages

Some ads will drive people to [FindYourPhaseWA.org](#) and [EncuentraTuFaseWA.org](#). This tool was developed by the Gates Foundation in partnership with DOH. It is currently designed to capture all information needed to determine the phase a person will be in in terms of vaccine eligibility. At launch, it will notify people eligible during Phase 1 and voluntarily collect an e-mail or phone number (text) to inform people when their phase starts/when they are eligible to get the vaccine.



## ORGANIC SOCIAL MEDIA

Leverage the Washington State Department of Health's organic channels (Facebook, Instagram, Twitter, LinkedIn, and its Blog) to communicate and educate Washington about the COVID-19 vaccine, including (but not limited to):

- Understanding the phases of vaccine development
- Informing people about the phases of vaccine distribution
- Report on vaccination progress
- Inform about the how, where, when of getting the vaccine
- Encourage getting the vaccine when it's your turn
- Address hesitations and misconceptions
- Answer frequently asked questions
- Share local and priority audience representative voices

We will leverage content pillars to inform content development and ensure consistency and value among all vaccine related posts including:

VACCINE FACTS VS. FICTION	VACCINE DISTRIBUTION
<p><b>Help the audience understand the vaccine.</b></p> <ul style="list-style-type: none"><li>• Information and facts</li><li>• Address common misconceptions</li><li>• Side effects</li><li>• DOH commentary to national news</li></ul>	<p><b>Provide the latest distribution information.</b></p> <ul style="list-style-type: none"><li>• Who's turn is it?</li><li>• Find your phase</li><li>• Where to get it</li><li>• Second dose reminder</li><li>• Supply</li></ul>
TOOLS AND RESOURCES	CREDIBLE VOICES
<p><b>Personalize it for the audience.</b></p> <p><b>How to:</b></p> <ul style="list-style-type: none"><li>• Have conversations</li><li>• Find your phase</li><li>• Get the vaccine</li></ul>	<p><b>Use credible sources to form trust with the audience.</b></p> <ul style="list-style-type: none"><li>• Quotes</li><li>• Personal stories and experiences</li><li>• Primary messengers: doctors/nurses/ healthcare workers</li></ul>



To ensure timely communication, we will create social media series with design templates for quick turn development and posting. Series would include:

<b>Q&amp;A Pillar: Fact + Fiction</b>	<b>A Message from your Dr. Pillar: Credible Voices</b>	<b>Conversation Models Pillar: Tools + Resources</b>
Why is there a need for a vaccine if 99 percent recover?	Doctor: why he/she/they and family will get the vaccine or personal experience getting vaccine	How to have a conversation with friends/family who are hesitant about getting the vaccine
What will the side effects be?	Doctor: why vaccines are important	What questions to ask your doctor about the vaccine
How much does the vaccine cost? Is it covered under insurance?	Scientist: Why you can trust the speed of development	How to have a conversation with family about who should get the vaccine and when
How many doses are needed? Is it annual?	Doctor: Vaccines work	
When will vaccines be available?	Scientist: why you can trust the vaccine	



In addition to series, develop unique social posts to address other important topics and promote all in-depth blog articles on social channels.

CONTENT	PILLAR
Progress Update Graphic: Regular stats updated weekly	Facts + Fiction
Graphic: Illustrate phases of getting the vaccine	Tools and Resources
Graphic: Illustrated timeline for batches of vaccine coming to WA	Facts + Fiction
Graphic: How to get the vaccine (where, when, cost, doses, etc.)	Tools and Resources
Graphic: How the vaccine is made (repurpose ad)	Facts + Fiction
Graphic: How the vaccine works (repurpose ad)	Facts + Fiction
Graphic: What is the vaccine	Facts + Fiction

For consideration, we also recommend coordinating a Reddit Ask Me Anything conversation with Department of Health experts on the r/Washington thread with 65.5k members. This question-and-answer session is always a popular way to convey credible information from credible sources, responding to direct questions from the audience.



## INFLUENCER OUTREACH

Influencers are an essential component to complement the paid, organic, and earned efforts in communicating the vaccine information to people in Washington state.

Influencers are trusted authorities within their communities of followers, which will help grow trust in the vaccine and drive the acceptance and willingness to get the vaccine while also conveying the campaign's key messages.

We recommend engaging with three types of influencers:

### 1. Micro Digital Influencers

1. Social media influencers with an audience of 5k followers or more
2. Mix of focuses – lifestyle, food, doctors, nurses, scientists
3. Multicultural influencers (Spanish-language, culture specific)

### 2. Notable Organizations

1. Washington State businesses and organizations
2. Washington State sports teams
3. Community organizations
4. Universities

### 3. Notable People

1. Elected officials
2. Celebrities (note: free promotion from celebrities is not very common)

Sample influencers could include:

Digital Influencers	Notable Organizations	Notable People
<p><a href="#"><b>Kevin</b></a> (Surgeon in training) 15.7k followers</p> <p><a href="#"><b>Sarah</b></a> (PA-C) 7,024 followers</p> <p><a href="#"><b>Daniel Sugai</b></a> (Dermatologist) 27.1k followers</p> <p><a href="#"><b>Stefan Torres</b></a> (Emergency RN) 73.6k followers</p> <p><a href="#"><b>Tesajay</b></a> (Nurse) 47.9k followers</p> <p><a href="#"><b>Jia Lauren</b></a> (creator of @thenurseoasis) 5,596 followers</p> <p><a href="#"><b>Trevor Bedford</b></a> (scientist: viruses and immunity) 276.2k followers</p> <p><a href="#"><b>Jay Shendure</b></a> (scientist) 10.5k followers</p>	<ul style="list-style-type: none"><li>• Sports Teams</li><li>• Alaska Air</li><li>• Amazon</li><li>• Boeing</li><li>• Costco</li><li>• Eddie Bauer</li><li>• Expedia</li><li>• Fortive</li><li>• Google</li><li>• Microsoft</li><li>• Paccar</li><li>• Providence</li><li>• REI</li><li>• Slalom</li><li>• Starbucks</li><li>• T-Mobile</li><li>• UW</li><li>• Woodland Park Zoo</li></ul>	<ul style="list-style-type: none"><li>• State/Country Representatives</li><li>• Mayors</li><li>• Musicians (e.g. Stone Gossard)</li><li>• Sports Celebrities (e.g. Doug Baldwin)</li></ul>



## MULTICULTURAL COMMUNICATIONS

With trust being a key barrier among diverse multicultural audiences, delivering credible information through trusted community sources will be a key pillar in our multicultural strategy. Just like we've seen with our county-specific communications efforts, using trusted local voices whenever possible will be as important - or more - as the message itself. We will take the following approach to effectively engage with Washington state's multicultural audiences:

- Work with the DOH Community Engagement Task Force and LHJs to continue to identify local voices who are part of each multicultural community we need to reach and who can deliver in-language messages where needed. Whether they are doctors, nurses, religious leaders, first responders or other community members, their participation will help us spread the word through different communications channels, media interviews, etc.
- Develop key messages and talking points that are culturally-appropriate and in-language.
- Transcreate press materials for priority multicultural audiences providing key COVID-19 vaccine facts and visuals such as charts and graphics that help explain vaccine information and can be used with broadcast, print and online outlets.
- Develop in-language b-roll package(s) for ethnic media outlets like Univision. The Ready-to-use resources are preferred by many ethnic media that have limited time and resources to produce feature stories.
- Conduct media outreach to secure interest from ethnic media including broadcast (TV, radio and online channels) as well as print.



## MEDIA RELATIONS

As Washingtonians turn to their trusted local news sources to learn more about COVID-19 vaccines, reporters will play a pivotal role in what people learn and believe about the vaccines. DOH will seek out opportunities to educate and inform local reporters about COVID-19 vaccines, along with regular, frequent updates to the Washington press corps.

While earned media activities are intended to be flexible and adaptable through the phases, outreach efforts will be guided by these principles:

- Continue to build on DOH foundational efforts
- Identify and amplify key vaccine milestones and benchmarks
- Provide educational and value-added opportunities for journalists
- Provide more b-roll and other visuals
- Feature powerful outside voices:
  - Third party medical experts
  - Washingtonians affected by the pandemic
  - Community organizations

## Messaging

Media outreach will need to cover a lot of ground with each phase and audience. Messaging topics will include:

- Phasing plan – who's in which phase, and why
- "Know your phase" – how Washingtonians can determine which phase they'll be eligible in
  - Promotion of [FindYourPhaseWA.org](http://FindYourPhaseWA.org)
- How to find out where to get a vaccine when it's your turn, how
- Things to know about COVID-19 vaccines:
  - Common side effects
  - Importance of getting the second dose
  - Understanding the different vaccines (if necessary)
- Importance of continuing other behaviors once vaccinated (social distancing, masks, etc.)
- Integration with federal phasing plans and vaccine availability



## Foundational Efforts

In 2020, DOH has effectively provided a steady drumbeat of information to news media through weekly briefings and online tools that provide current COVID-19 case data. In 2021, DOH will continue these foundational efforts through:

- Ongoing weekly briefings
- Vaccine tracking site showing the number of Washingtonians vaccinated for COVID-19, updated every 24 hours

## Media Education and Added Value

The team has identified media relations activities to build on DOH foundational efforts and continue the dissemination of information to media. These activities are designed to further education and add value for media reporting on the COVID-19 vaccine.

**Media Room Trainings:** Reporters will be filing many vaccine stories in 2021. Through media room trainings, the team will provide expertise to reporters and producers to make their vaccine stories more meaningful and accurate.

- In the leadup to these trainings, we will talk to journalists to identify which experts and information would be most compelling to inform their stories
- The virtual trainings will give reporters and producers the opportunity to hear from a compelling slate of trusted experts (Fred Hutch, UW, DOH, etc.) about the development, testing, and rollout of the vaccines, and ask questions

**Visuals and B-roll:** WA DOH is getting many requests from journalists for b-roll and other visuals, providing an opportunity for education and engagement. Throughout the year we will identify, coordinate and prepare high-resolution, broadcast and print-ready multimedia visuals to support factual reporting, such as:

- B-roll of people getting vaccinated in group care settings
- Footage of the kinds of settings where people are getting COVID-19 vaccines (pharmacies, clinics, primary care providers)
- Visuals to make key processes clearer, such as how the vaccines will roll out (charts, flowcharts, infographics)
- Footage of DOH and other vetted medical experts sharing detail on vaccines



**Key Milestone Pushes:** Washington will hit many key COVID-19 vaccine milestones as the state moves through the phases. We'll identify which milestones merit a larger outreach and narrative and push through multiple tactics (PR, social, advertising). Sample milestones include:

- Launch of the [FindYourPhaseWA.org](https://FindYourPhaseWA.org) tool
- Progress by phase and overall, including number/percent of population vaccinated
- Entering new phases (opportunity to educate the public about who is now eligible)
- Announcement/arrival of large quantities of vaccines allocated to Washington State
- When we reach phase 4 (everyone is eligible; how to get it)
- Programmatic milestones (such as expert panel events)

### Integrating Powerful Voices

The vaccine rollout will bring forward powerful stories of hope from Washington communities. With the right messenger, these stories can be leveraged to further build trust in COVID-19 vaccines. Where appropriate, we will identify and integrate additional voices, from third party spokespeople to everyday Washingtonians, into our earned media strategy, including:

- **Doctors and medical experts:** The most trusted messengers for COVID-19 vaccine information. Experts from Fred Hutch, UW, and elsewhere can share their expertise, what they're seeing in the ER and other clinical settings, and why they got vaccinated themselves.
- **“Faces of each phase:”** In each phase, we will find everyday Washingtonians who can share feel-good stories and first-person testimonials on why they got the vaccine – encouraging fellow community members to do the same. Examples could include:
  - Medical workers who see the effects of COVID-19 every day
  - Bus drivers, agricultural workers, and other frontline families
  - An entire nursing home that's been vaccinated
  - Family members who watched a loved one survive COVID-19, then got vaccinated
- **Leaders of trusted community organizations** can build vaccine trust among target audiences and communities by speaking to:
  - How their community is affected by COVID-19
  - How they worked with WA DOH on the phasing plan
  - What COVID-19 vaccines mean to their community



## Additional PR Considerations

Beyond the core vaccine outreach outlined above, we've identified other considerations to bring into the fold for our 2021 vaccine media relations efforts.

### Media Moments

Earned-worthy storylines and 'media moments' that could generate widespread reach might include:

- Document and broadcast prominent local figures getting their vaccines
  - Elected officials, community leaders
  - Celebrities that resonate with target communities (i.e., vaccine date night with Russell Wilson and Ciara, or the Seahawks team getting vaccinated)
  - Note: From a public messaging standpoint, it will be important that these celebrities are not "skipping the line", but rather, getting a vaccine when it's their phase
- Offer a follow-up with Jen Haller, a Seattleite and the first person in the world to receive a coronavirus vaccine as part of a trial in early 2020 (or others who participated in the studies)

### Crisis Communications

Preparation for crisis and issue management will include:

- Developing messaging and identifying appropriate DOH spokespeople for various scenarios (e.g. side effects, distribution issues, phase implications etc.)
- Having third-party experts lined up and ready to activate

### Multicultural Earned Media

C+C will continue to position DOH as a trusted source of information for diverse audiences through strategic earned media relations efforts, providing timely in-language information and visual resources that media outlets can easily adapt and use for their audiences. With trust being a key barrier among diverse multicultural audiences, delivering credible information through trusted community sources will be a key pillar in our multicultural strategy. Through our insights-based multicultural PR strategy we will:

- Use trusted local voices whenever possible
- Transcreate press materials for priority multicultural audiences, including visuals
- Develop in-language b-roll package(s) for ethnic media outlets like Univision
- Conduct media outreach to secure interest from ethnic media including broadcast and print



## EXPERT PANELS

In mid-December 2020, the Washington State Department of Health convened a two-part webinar series designed to share the facts about the development and testing of COVID-19 vaccines. The two events – one in English, and one in Spanish – featured live Q&A with panels of trusted medical experts from around the state, and were conducted in partnership with Fred Hutch and the Latino Center for Health. In total, over 3,600 people registered for the two events, and six TV stations ran clips pulled from the events.

These webinars demonstrated interest in this style of event (a longer-format video chat with the experts), which provides the opportunity to go “beyond the headlines” and get rich information from the experts. They also demonstrated the potential for this type of event to infuse accurate information from medical experts into local news coverage.

As COVID-19 vaccines continue rolling out to the public, we will continue to leverage online events to share accurate, timely information with priority audiences, and to address the concerns that have come up in the research.

These types of events may be utilized for various purposes, such as:

- **Continuing to educate the general public** about key COVID-19 vaccine topics, such as vaccine fact versus fiction, distribution plans, and the latest findings on COVID-19 vaccines.
- **Reaching specific priority communities** – This could mirror the format of the Spanish-language expert panel event held in December 2020, or, could be formatted differently, depending on the needs of specific communities. For instance, instead of producing a stand-alone webinar, experts could potentially appear as “special guests” at existing community meetings. This tactic will need to be flexible and adaptable for underserved communities.
- **Educating employers** on issues regarding vaccine adoption in the workplace. This event(s) could be partnered with the Washington State Department of Labor & Industries or other employment specialists.
- **Educating healthcare providers** – Online expert panel events can give healthcare providers access to peers and the experts who are running the COVID-19 clinical trials at Fred Hutch, who can answer complicated technical questions about how new mRNA vaccines work, which underlying conditions vaccines were tested with, and other topics that are top-of-mind for healthcare providers. These events could also be formatted to share how physicians and other providers are answering the most commonly-asked patient questions, and, can be paired with resources developed in the toolkit.



# Step 10: Evaluation Plan



**The purpose of the campaign evaluation includes:**

- To conduct an iterative evaluation so the campaign can be improved as it is implemented
- To report on resource expenditures (inputs) and document campaign activities (outputs)
- To report on campaign outcomes and impact in order to ultimately determine campaign effectiveness
- To use these findings to inform future efforts, especially communication messages, messengers, and media channels, as well as intervention tools and partnerships

<b>EVALUATION METRICS</b>	
<b>INPUTS</b>	<b>OUTPUTS</b>
<ul style="list-style-type: none"><li>• Campaign Budget</li><li>• DOH Staff Time</li><li>• Partnership</li></ul>	<p><b>TO PARTNERS &amp; INFLUENCERS</b></p> <ul style="list-style-type: none"><li>• Potentially Include: Healthcare Providers, Community Clinics, Pharmacists, Employers, Universities, Associations, Unions, Elected Officials, Celebrities, Sports Teams, Community Organizations<ul style="list-style-type: none"><li>&gt; Team outreach activities to these groups</li><li>&gt; Numbers within these groups reached</li><li>&gt; Healthcare toolkits distributed</li></ul></li></ul> <p><b>TO PRIORITY AUDIENCES</b></p> <ul style="list-style-type: none"><li>• Paid Social Media Activities</li><li>• Unpaid Social Media Activities</li><li>• WA DOH Social Channels</li><li>• Influencer Channels (social, email, etc.)</li><li>• Digital Activities</li><li>• Community Ads</li><li>• Paid Broadcast TV &amp; Radio</li><li>• Unpaid Broadcast TV &amp; Radio</li><li>• Paid Print Media</li><li>• Unpaid Print Media</li><li>• Printed Materials Distributed</li><li>• Media Room Trainings</li><li>• Campaign Websites</li><li>• Direct Mail</li><li>• Social Media Activities</li></ul>



EVALUATION METRICS	
OUTCOMES	<p><b>AMONG PARTNERS &amp; INFLUENCERS</b></p> <ul style="list-style-type: none"> <li>• Potentially include: healthcare providers, community clinics, pharmacists, employers, universities, associations, unions, elected officials, celebrities, sports teams, community organizations</li> <li>• Number of influencers reaching out to patients, customers, employees with recommended tactics from the toolkit</li> <li>• Number of patients, customers, employees reached by influencers</li> </ul> <p><b>AMONG PRIORITY AUDIENCES</b></p> <p>Stage 1: Awareness</p> <ul style="list-style-type: none"> <li>• Increase in Awareness of Eligibility</li> <li>• Increase in Receptivity</li> </ul> <p>Stage 2: Intent</p> <ul style="list-style-type: none"> <li>• Increase in Levels of Intent</li> <li>• # Talked with Providers</li> <li>• # Intent Commitments though Find Your Phase Tool</li> <li>• # Signups for Reminders</li> </ul> <p>Stage 3: Action</p> <ul style="list-style-type: none"> <li>• # Receive First Dose</li> <li>• # Receive Second Dose</li> </ul>
IMPACT	<ul style="list-style-type: none"> <li>• Washington State curve flattens</li> <li>• Reduction in serious COVID-19 illness</li> <li>• Reduction in COVID-19 deaths</li> </ul>



# **Appendix 1: Channels to Reach Each Audience**



General Audience	Advertising	Trusted Messengers	Earned Media	Systems & Institutions
<b>Adults 18+</b>	All media		See full Washington state general market media list	X
<b>African American/ Black Adults</b>	Most media channels (plus community print, radio, digital)	<ul style="list-style-type: none"> <li>African American Leadership Forum NW</li> <li>Professional Women of Color Network</li> <li>Urban League of Metropolitan Seattle</li> </ul>	<ul style="list-style-type: none"> <li>The Facts</li> <li>The Seattle Medium</li> <li>The Skanner</li> <li>Converge</li> </ul> <p>Also reached by community news outlets around Washington on general market media list</p>	X
<b>Pacific Islander/ Native Hawaiian Adults</b>	Print, digital, radio	<ul style="list-style-type: none"> <li>Asian Counseling and Referral Service (ACRS)</li> <li>Asian Pacific Islander Community Leadership Foundation</li> </ul>	<ul style="list-style-type: none"> <li>Hawai'i Radio Connection on KXPA 1540 AM and KBCS 91.3 FM</li> <li>Voice of South Pacific Radio (AKA: Voice of Tonga)</li> </ul> <p>Also reached by community news outlets around Washington on general market media list</p>	
<b>LGBTQ+ Adults</b>	Print, digital, social		<ul style="list-style-type: none"> <li>Seattle Gay Scene</li> <li>Seattle Gay News</li> </ul> <p>Also reached by general market and community news outlets around Washington on general market media list</p>	
<b>College Students</b>	Digital, audio, social	<ul style="list-style-type: none"> <li>Seattle Colleges</li> <li>Community Colleges around Washington</li> </ul>	<ul style="list-style-type: none"> <li>All college and university newspapers and media outlets around Washington. Such as The Daily (University of Washington)</li> </ul>	X



General Audience	Advertising	Trusted Messengers	Earned Media	Systems & Institutions
Asian American Adults	Most media channels (plus community print & digital)	<ul style="list-style-type: none"> <li>Asian Counseling and Referral Service (ACRS)</li> <li>Chinese Information Service Center (CISC)</li> </ul>	<ul style="list-style-type: none"> <li>AAT TV (Asian American TV)</li> <li>Northwest Asian Weekly</li> <li>International Examiner</li> <li>General market media outlets on Washington general market media lists</li> </ul>	
Rural Adults	Most media channels	<ul style="list-style-type: none"> <li>African American Leadership Forum NW</li> <li>Professional Women of Color Network</li> <li>Urban League of Metropolitan Seattle</li> </ul>	<ul style="list-style-type: none"> <li>General market media outlets on Washington general market media list</li> <li>Rural community/city newsletters, and newsletters from chambers of commerce and community service groups (Rotary, Elks, etc.)</li> </ul>	X
Disabled Communities		<ul style="list-style-type: none"> <li>Alliance of People with Disabilities</li> </ul>	General market media outlets on Washington general market media list	X
Native American/ Tribal Nations	Radio, banners, social		<p>In addition to general market media outlets around Washington, include tribal media news outlets, including:</p> <ul style="list-style-type: none"> <li>Yakama Nation Review Newspaper</li> <li>Jamestown S'Klallam Newsletter</li> <li>Makah Tribal Newspaper</li> <li>Squalli Absch News</li> <li>Puyallup Tribal Newspaper</li> <li>Nugguam Newspaper</li> <li>The Rawhide Press Newspaper</li> <li>Stillaguamish Tribal Newspaper</li> <li>Kee-Yoks Newspaper</li> <li>The Chehalis Tribal Newsletter</li> <li>Tribal Tribune Newspaper</li> <li>Lower Elwha Newspaper</li> <li>Smoke Signals Newspaper</li> <li>Squol Quol Newspaper</li> <li>Muckleshoot Monthly Newspaper</li> <li>Snee-Nee-Chum Newspaper</li> <li>Syacam Monthly Tribal Newspaper</li> <li>The Talking Raven</li> <li>Sauk-Suiattle Newspaper</li> <li>Shoalwater Happenings Newspaper</li> <li>The Sounder Newspaper</li> <li>Klah-Che-Min Newspaper</li> <li>Stillaguamish News</li> <li>See-Yat-Sub Newspaper</li> </ul>	X



Related to Phases	Advertising	Trusted Messengers	Earned Media	Systems & Institutions
<b>Healthcare workers</b>	Banners/Pre-roll Video Segment by job title & geo-fenced mobile ads around hospitals and healthcare facilities	Healthcare Communicators Northwest	See full Washington state general market media list	X
<b>People with comorbid conditions</b>	Banners/Pre-roll Video Segment contextual & interests		See full Washington state general market media list	X
<b>People who Smoke Tabacco</b>	? (might be segment-investigating)		See full Washington state general market media list	
<b>Age 65+</b>	All media	AARP	See full Washington state general market media list	X
<b>Reside in long term care or elder care facility</b>	Banners/Pre-roll Video Geofenced mobile ads around facilities	Washington Health Care Association (WHCA)		X
<b>Critical Infrastructure Worker</b>	Banners/Pre-roll Video By job title & geo-fencing facilities		See full Washington state general market media list	Union?
<b>K-12 or childcare worker</b>	Banners/Pre-roll Video By job title		See full Washington state general market media list	WEA



Related to Phases	Advertising	Trusted Messengers	Earned Media	Systems & Institutions
<b>Agricultural worker or Food production line</b>	Banners/Pre-roll Video Geofenced mobile ads around facilities & job titles			X
<b>Construction worker</b>	Banners/Pre-roll Video By job titles		See full Washington state general market media list	Washington Building Trades
<b>People living in homeless shelters</b>	Banners/Pre-roll Video Geofenced mobile ads around facilities			X
<b>People living in resident or group home for individuals with disabilities</b>	Banners/Pre-roll Video Geofenced mobile ads around facilities	Alliance of People with DisAbilities	Ability Magazine	X
<b>People living in resident or group for people in recovery</b>	Banners/Pre-roll Video Geofenced mobile ads around facilities			X
<b>People living or working in prisons, jails, detention centers</b>	Banners/Pre-roll Video Segment by job title & geo-fenced mobile ads around hospitals and healthcare facilities			X



In Language Audiences	Advertising	Trusted Messengers	Earned Media	Systems & Institutions
Hispanic/Latinx – Spanish Preferred Adults	Most media channels		<ul style="list-style-type: none"> <li>• El Mundo</li> <li>• Univision (KUNS)</li> <li>• El Rey KKMO 1360 AM</li> </ul>	
Russian	Banners, social, radio		<ul style="list-style-type: none"> <li>• Radio Continent on KXPA 1540 AM</li> <li>• It's Not Evening Yet on KKNW 1150 AM Alternative Talk</li> <li>• Russian World</li> </ul>	
Vietnamese	Banners, social, TV, print, digital		<ul style="list-style-type: none"> <li>• Xin Chao Magazine</li> <li>• Northwest Vietnamese News</li> <li>• Người Việt Tây Bắc</li> <li>• Seattle Viet Times</li> </ul>	
Simplified Chinese	Banners, social, TV, print, digital	<ul style="list-style-type: none"> <li>• Asian Counseling and Referral Service (ACRS)</li> <li>• Chinese Information Service Center (CISC)</li> </ul>	<ul style="list-style-type: none"> <li>• Chinese Radio Seattle on KKNW 1150 AM Alternative Talk</li> <li>• Seattle Chinese Times</li> <li>• Seattle Chinese Post</li> </ul>	
Traditional Chinese	Banners, social, TV, print, digital			
Korean	Banners, social, radio		<ul style="list-style-type: none"> <li>• KBS World</li> <li>• Radio Hankook (KSUH 1450 AM/KWYZ 1230 AM)</li> <li>• KO-AM Daily News</li> </ul>	
Ukrainian	Banners, social, TV, print, digital	<ul style="list-style-type: none"> <li>• Ukrainian Community Center of Washington (UCCWA)</li> <li>• Ukrainian Association of WA State</li> </ul>		
Hindi	Banners, social			
French	Banners, social, TV			
Romanian	Banners, social			
Português - Brazil	Banners, social			
Somali	Social (by interest) Community media		<ul style="list-style-type: none"> <li>• Runta (The Truth)</li> <li>• Somali Voices of North America</li> <li>• SomTV-Seattle</li> </ul>	



In Language Audiences	Advertising	Trusted Messengers	Earned Media	Systems & Institutions
Punjabi	Banners, social			
Tagalog	Banners, TV, social (by interest)			
Arabic	Banners, social			
Cambodian (Khmer)	Social			
Amharic	Social (by interest; in ENG)			
Afaan Oromo	Community media			
Tigrinya	Social (by interest; in ENG)			
Japanese	Community media		<ul style="list-style-type: none"> <li>• Junglecity.com</li> <li>• Lighthouse Magazine</li> <li>• The North American Post</li> </ul>	
Telugu	Social (by interest; in ENG)			
German	Community media			
Swahili	Banners, social, TV			
Thai	Banners, social			



In Language Audiences	Advertising	Trusted Messengers	Earned Media	Systems & Institutions
<b>Urdu</b>	Banners, social			
<b>Burmese</b>	Social (by interest)			
<b>Lao</b>	Social (by interest)			
<b>Nepali</b>	Social			
<b>Tamil</b>	Social			
<b>Farsi</b>	DH has community media relationship		DH has community media relationship	
<b>Hmong</b>	DH has community media relationship		DH has community media relationship	
<b>Karen</b>	? (DH was trying to identify community relationship)			
<b>Chuukese</b>	? (DH was trying to identify community relationship)			
<b>Mixteco Bajo</b>	DH has community media relationship		DH has community media relationship	
<b>Marshallese</b>	<ul style="list-style-type: none"> <li>• Radio</li> <li>• DH has community media relationship</li> </ul>		<ul style="list-style-type: none"> <li>• Radio</li> <li>• DH has community media relationship</li> </ul>	
<b>Samoan</b>	<ul style="list-style-type: none"> <li>• Radio</li> <li>• DH has community media relationship</li> </ul>		<ul style="list-style-type: none"> <li>• Radio</li> <li>• DH has community media relationship</li> </ul>	

